



RECEIVED

AUG 19 1947

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

07390<sup>208</sup>

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County..... Washington  
 City or town..... Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... 6 days  
 Hospital, institution, or street address where death occurred:  
Washington County Hospital  
 How long in hospital or institution?..... 6 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State..... West Virginia County..... Jefferson  
 City or town..... Shepardstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No..... Rural  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war..... ☒

## 3. (a) FULL NAME

Ella Catherine Bell

## 3. (b) Social Security Number

none

4. Sex..... Female 5. Color or race..... White 6.(a) Single, married, widowed, or divorced..... Widowed  
 6.(b) Name of husband or wife..... Joseph V. Bell  
 7. Birth date of deceased (mo., day, yr.)..... Feb. 14, 1861 6.(c) If alive, give age..... years  
 8. AGE: Years..... 86 Months..... 6 Days..... 9 If less than one day..... hrs. .... min.

9. Birthplace..... Loudoun, go. West Virginia  
 (Town, county, and state)  
 10. Usual occupation..... Home duties  
 11. Industry or business.....

FATHER 12. Name..... Arnald  
 13. Birthplace..... Virginia  
 MOTHER 14. Maiden name..... Sarah Fry  
 15. Birthplace..... Virginia

16. Informant..... Dr. R. A. Bell  
 Address..... Hagerstown, Maryland

17. Burial..... Burial Date thereof..... August 26, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory..... Shepardstown Cemetery  
 Location..... Shepardstown, West Virginia

18. Funeral director..... Fred W. Kraiss  
 Address..... Hagerstown, Maryland

19. Aug. 25, 47 Registrar  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... August 23, 1947 at 9:20 P.M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 17, 1947 to Aug. 23, 47  
 and that I last saw him alive on August 23, 47  
 Immediate cause of death.....  
 DURATION.....

Cerebral hemorrhage 1 week.  
 Due to.....  
 Due to.....  
 Other conditions..... none

(Include pregnancy within 3 months of death)  
 Major findings of operations..... No operations.  
 Date of op.....  
 Autopsy results..... No autopsy.  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;  
 Accident, suicide, or homicide..... Date of.....  
 Where did injury occur?..... (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?).....  
 Means of injury..... Injured at work.....

23. SIGNATURE..... R. A. Bell M. D. 8/24/47  
 Address..... Hagerstown, Md. Date signed.....

RECEIVED

AUG 27 1947

BUREAU F B I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

07391

Reg. Diat. No. 302

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town) 22 years  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred:  
Washington County Hospital  
23 days  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 800 W. Franklin St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

James Luther Bent

## 3. (b) Social Security Number

705-10-6774

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife May Bent  
 6. (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) June 13, 1883

8. AGE: Years 64 Months 1 Days 21 If less than one day  
 hrs. min.

9. Birthplace Red Cloud Nebraska  
 (Town, county, and state)

10. Usual occupation Engineer

11. Industry or business W.M.R.R

12. Name June Bent

13. Birthplace Unknown

14. Maiden name Rosa Bryant

15. Birthplace Unknown

16. Informant MRS. May Bent

Address Hagerstown Md.

17. Burial (Burial, cremation, or removal. Which?) 8-7-47  
 (month) (day) (year)

Cemetery or crematory Rest Haven Cemetery

Location Hagerstown Md.

18. Funeral director Scott F. Minnich & Son

Address Hagerstown Md.

19. (Date rec'd by registrar) Aug. 6, 47 Registrar Beatty Bowers

## MEDICAL CERTIFICATION

20. DATE OF DEATH August 4, 47 at 4:20 p. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 26 1947 to Aug. 4 1947  
 and that I last saw him alive on Aug. 4/47 1947

Immediate cause of death

Ventricular tachycardia 4 1/2 mo

Due to myocardial degeneration

Due to acute ventricular dilatation

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide None Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. P. Roberts & Wells M.D. M. D.

Address Hagerstown, Md. Date signed 8/5/47

RECEIVED  
AUG 8 1947  
BUREAU 58

Evidence for the change of  
age is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

221  
07392

FILM No. G 112 SEP 8 1947

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County... Washington  
City or town... Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 2 yrs  
Hospital, institution, or street address where death occurred:  
Home Wood Church Home  
How long in hospital or institution? 11

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State... Md County... Frederick  
City or town... Middletown  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. \_\_\_\_\_  
(If rural, give LOCATION)  
2. (a) If veteran, name war... no

3. (a) FULL NAME

Laura Hughes Boteler

3. (b) Social Security Number

no

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife \_\_\_\_\_

7. Birth date of deceased (mo., day, yr.) Nov. 7, 1867 6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 79 Months 8/11 Days 9 If less than one day 19 hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Middletown Frederick Co. Md.  
(Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_

12. Name William E. Boteler

13. Birthplace Middletown, Md.

14. Maiden name M. Sidney Hughes

15. Birthplace Middletown, Md.

16. Informant Howard Cross

Address Middletown, Md.

17. Burial Date thereof 9-29-47  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Reform Cemetery

Location Middletown, Md.

18. Funeral director Oldhill Co.

Address Middletown, Md.

19. Aug. 29, 1947 East Howard  
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 26-47 19\_\_\_\_ at 8:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4-1-47 19\_\_\_\_ to Aug 16, 1947

and that I last saw him alive on Aug 10-47 19\_\_\_\_

Immediate cause of death \_\_\_\_\_

Due to Ch. Myocarditis

Due to arteriosclerosis

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE JW Datta

Address Hagerstown Date signed 8/27/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
SEP 1 1947  
BUREAU OF B.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 07393  
302

## 1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 year 1 mo.Hospital, institution, or street address where death occurred:  
541 Maryland Ave.

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County WashingtonCity or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)Street No. 541 Maryland Ave.  
(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (a) FULL NAME

Mary A. Brown

## 3. (b) Social Security Number

## 4. Sex

Female

## 5. Color or race

white

## 6. (a) Single, married, widowed, or divorced

widowed

## 6. (b) Name of husband or wife

J. M. Brown

## 6. (c) If alive, give age..... years

## 7. Birth date of

deceased (mo., day, yr.)

August 27, 1853

## 8. AGE:

93

Years

Months

11

Days

21

It less than one day

hrs.min.

## 9. Birthplace

Cascade, Md.

(Town, county, and state)

## 10. Usual occupation

House wife

## 11. Industry or business

FATHER

## 12. Name

Jerry Ruths

## 13. Birthplace

Cascade, Md.

MOTHER

## 14. Maiden name

Sarah Miller

## 15. Birthplace

Germany (?)

## 16. Informant

J. M. Brown

## Address

541 Maryland Ave. Hagerstown, Md.17. Burial

(Burial, cremation, or removal. Which?)

## Date thereof

8/20/47Cemetery or secutoryBethel

## Location

Washington Co. Md.

## 18. Funeral director

Walter Y. Hise

## Address

271 S. Charles St. Baltimore, Pa.19. Aug. 18.

(Date rec'd by registrar)

47Chas. H. Bowers

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 16 - 47 19 47 at 9:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1947 untiland that I last saw him alive on Aug 16, 1947

Immediate cause of death

Senility  
Chr. Myocarditis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury

Injured at work?

23. SIGNATURE

J. M. Bowers

M. D. or other

Address

Date signed

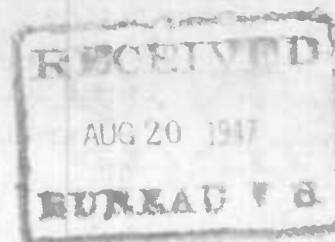
Aug 18, 47

MARGIN RESERVED FOR BINDING

VS/A15 9-45-15M

VS/A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No.

07394

302

## 1. PLACE OF DEATH:

County Washington  
 City or town Leesburg, Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 1- week  
 Hospital, institution, or street address where death occurred:  
Washington Co Hospital  
 How long in hospital or institution? 1- week

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State Maryland County Washington  
 City or town Leesburg, Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. none  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war —

## 3.(a) FULL NAME

Margaret Elizabeth Burkhardt

## 3.(b) Social Security Number

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced Single  
 6.(b) Name of husband or wife none  
 6.(c) If alive, give age none years  
 7. Birth date Aug. 28, 1902  
 deceased (mo., day, yr.)

8. AGE: Years 45 Months 3 Days 2 If less than one day  
 — hrs. — min.

9. Birthplace Leesburg, Md  
 (Town, county, and state)

10. Usual occupation none

11. Industry or business none

12. Name Margaret Elizabeth Burkhardt

13. Birthplace Leesburg, Md

14. Maiden name Anna Burk.

15. Birthplace near Leesburg

16. Informant Anna Burkhardt

Address Smithsburg, P. F. D.

17. Burial Date thereof 8-29-1947  
 (Burial, cremation, or removal. Which) (month) (day) (year)

Cemetery or crematory Smithsburg

Location Smithsburg, Md

18. Funeral director Geo. B. Roover

Address Smithsburg, Md

19. Aug. 28, 1947 Chauff. Boward  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH August 27, 1947 at 7:46 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Aug 19, 1947, to Aug. 27, 1947  
 and that I last saw h. e. R. alive on Aug. 27, 1947

Immediate cause of death Acute Intestinal Obstruction DURATION 2 wks.

Due to Mega Colon 54 YRS. +

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations —

Date of op. —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE Richard V. Harver, M.D. M. D. or other

Address Hagerstown, Md Date signed 8/28/47

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AUG 30 1947  
BUREAU V.B.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

## CERTIFICATE OF DEATH

Reg. Dist. No. 07395 302

### 1. PLACE OF DEATH:

County Washington  
City or town Hagerstown, Md.  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? one day  
Hospital, institution, or street address where death occurred:  
Washington Co. Hospital  
How long in hospital or institution? one day

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Washington  
City or town Rural Hancock  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 5 miles West of Hancock  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3. (a) FULL NAME

Annie Marie Corbett

### 3. (b) Social Security Number

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced Married

8. (b) Name of husband or wife Raymond Corbett

7. Birth date of deceased (mo., day, yr.) October 4, 1879 B. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Year 67 Month 10 Day 2 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Washington Co., Md.  
(Town, county, and state)  
10. Usual occupation home duties

11. Industry or business

12. Name Richard Roman  
13. Birthplace Washington Co., Md.  
14. Maiden name Sarah Fisher  
15. Birthplace Washington Co., Md.

16. Informant Mrs Georgia Murray  
Address Hancock, Md.

17. Burial Date thereof Aug. 8, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cataba Cemetery  
Location Hancock (rural)

19. Funeral director Snyder-Rowland  
Address Hancock, Md.

19. Aug. 7 19 47 Shad H. Bowers  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

D.S.T.

2D. DATE OF DEATH August 6 19 47 at 2:00 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 4 19 43 to August 6 19 47 and that I last saw him/her alive on Aug. 6 19 47.

Immediate cause of death Coronary occlusion  
acute  
Due to Arteriosclerotic  
Hypertensive cardiovascular  
disease  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings of operations None.  
Date of op. \_\_\_\_\_  
Autopsy results None.  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

### DURATION

3 days

22. VIOLENCE: If death was due to external cause, fill in the following:  
Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Arthur Robert White  
M. D. Clerk Spring St.  
Address \_\_\_\_\_ Date signed 8-7-47

MARGIN RESERVED FOR BINDING

VS A15

9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No. 07396  
302

## 1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 years

Hospital, institution, or street address where death occurred:

17 Winter Street

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 17 Winter Street

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Oscar E. Delauder

## 3. (b) Social Security Number

173-03-0292

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Louise Delauder

6. (c) If alive, give age years

## 7. Birth date of

deceased (mo., day, yr.) July 20, 1877

## 8. AGE:

Years

Months

Days

If less than one day

70018

hrs.

min.

9. Birthplace Near Frederick Md.

(Town, county, and state)

10. Usual occupation Retired11. Industry or business Landis Tool Co. - Waynesboro, Pa.

FATHER

12. Name Samuel Delauder13. Birthplace Unknown

MOTHER

14. Maiden name Ida Hose15. Birthplace Unknown16. Informant Mrs. Cora WolfAddress Hagerstown, Md.17. Burial Date thereon August 10, 1947

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Lutheran CemeteryLocation Leitersburg, Md.18. Funeral director Scott F. Minnich & SonAddress Hagerstown, Md.19. Aug. 10, 47 Registrar

(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH August 8 19 47 at 12:20 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 2-47 19 47 to Aug 8-47 19 47and that I last saw him alive on Aug 5-47 19 47

Immediate cause of death

DURATION

Carcinoma Colon 2 mo

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. W. Smith M. D. orAddress Hagerstown, Md. Date signed Aug 10, 47

MARGIN RESERVED FOR BINDING

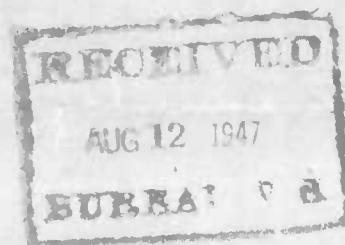
VS A15

9-45:15M

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.







PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

198  
07397

## CERTIFICATE OF DEATH

Reg. Diat. No. 302

1. PLACE OF DEATH: Washington  
County..... Hagerstown  
City or town.....  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 19 months  
Hospital, institution, or street address where death occurred:  
339 Jefferson St.  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State..... Maryland County..... Washington  
City or town..... Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 339 Jefferson  
(If rural, give LOCATION)  
2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Susan R. Divens

3. (b) Social Security Number  
None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed  
6. (b) Name of husband or wife Jacob David. Divens  
7. Birth date of deceased (mo., day, yr.) Sept. 16, 1873  
6. (c) If alive, give age..... years  
8. AGE: Years 75 Months 10 Days 28 If less than one day..... hrs. .... min.

9. Birthplace..... Maryland  
(Town, county, and state)  
10. Usual occupation..... Home work  
11. Industry or business.....

12. Name John L. Baughman  
13. Birthplace Pennsylvania  
14. Maiden name Susan Wolfe  
15. Birthplace Pennsylvania.

16. Informant May Hose  
Address Hagerstown, Md.

17. Burial Date thereof Aug 16, 1947  
(Burial, cremation, or removal, Which?) (month) (day) (year)  
Cemetery or crematory Rose Hill  
Location Hagerstown

18. Funeral director Fred W. Kraiss.  
Address Hagerstown

19. Aug. 15, 1947  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH August 13th 1947 at 9<sup>15</sup> P.M.  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 11, 1947 to August 11, 1947  
and that I last saw her alive on Aug 11, 1947  
Immediate cause of death Cerebral Hemorrhage  
DURATION 14 days

Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op. ....  
Autopsy results.....  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide..... Date of.....  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?

23. SIGNATURE P. B. Baughman M.D.  
Address 148 W. Washington St. Date signed Aug 15, 1947

RECEIVED  
AUG 18 1947  
BUREAU 78

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Dr. Welty 210

07398

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County... WashingtonCity or town... Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 32 Years

Hospital, institution, or street address where death occurred:

347 S. Potomac St.How long in hospital or institution? --

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... WashingtonCity or town... Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)Street No. 347 South Potomac St.  
(If rural, give LOCATION)2.(a) If veteran, name war None

## 3. (a) FULL NAME

MRS GRACE JACOBS FEIGLEY

## 3. (b) Social Security Number

None

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Harry A. Feigley7. Birth date of deceased (mo., day, yr.) Feb. 23, 1896  
6. (c) If alive, give age 51 years

## 8. AGE:

51

Years

Months

6

Days

1

If less than one day

hrs.

min.

9. Birthplace Fairplay, Washington Co. Md.  
(Town, county, and state)10. Usual occupation House Wife11. Industry or business Own Home

## FATHER

12. Name William H. Jacobs13. Birthplace Tilghmanton Md.

## MOTHER

14. Maiden name Annie F. Showe15. Birthplace Sharpsburg Md.18. Informant Harry A. FeigleyAddress Hagerstown Md.17. Burial Burial Date thereof 8/26/47  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Rose Hill CemeteryLocation Hagerstown Md.18. Funeral director Andrew K. CoffmanAddress Hagerstown Md.19. Aug. 26, 47 Charles H. Bowe  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH August 24 19 47 at 130A M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 7 19 47, to Aug. 24 19 47  
and that I last saw her alive on August 14 19 47

Immediate cause of death

Septicemic Sepsis

DURATION

SecondsDue to Syphilitic Heart Disease  
with aortic syndrome6 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury Injured at work?

23. SIGNATURE

Dr. Welty M.D. or other  
Address 998 Potomac Ave Date signed 8/25/47

RECEIVED

AUG 28 1947

BUREAU OF

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

07399

## 1. PLACE OF DEATH:

County..... Washington  
 City or town..... Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 35 years  
 Hospital, institution, or street address where death occurred:  
606 West Church Street  
 How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State..... Maryland County..... Washington  
 City or town..... Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 606 West Church Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

George Washington Flohr

3. (b) Social Security Number  
None

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife Alice Duke Flohr

## 7. Birth date of

deceased (mo., day, yr.)

March 16, 1870

## 6. (c) If alive, give age..... years

## 8. AGE:

Years

Months

Days

If less than one day

77

5

15

hrs.

min.

9. Birthplace..... Thurmont, Maryland

(Town, county, and state)

10. Usual occupation..... W. Md. R.R. Eng.

## 11. Industry or business

MOTHER FATHER

## 12. Name

William Flohr

## 13. Birthplace

Adams County, Penna.

## 14. Maiden name

Julia Manhortz

## 15. Birthplace

Germany

## 16. Informant

Mrs. L. E. Schindel

## Address

606 W. Church St. Hagerstown,

## 17.

Burial  
(Burial, cremation, or removal. Which?)

## Date thereof

Sept. 3, 1947  
(month) (day) (year)

## Cemetery or crematory

Rose Hill Cemetery

## Location

Hagerstown, Md.

## 18. Funeral director

Fred W. Kraiss

## Address

Hagerstown, Md.

## 19.

Sept. 3, 1947  
(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... Aug. 31, 1947..... 19..... at 2 A..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 20, 1947, to Aug 31, 1947  
and that I last saw him alive on Aug 30, 1947

Immediate cause of death

Carcinoma Left Kidney  
metastasis to liver

DURATION

3

1/2

1

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

md.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE.....

H. H. Porterfield M.D.

M. D. or other

Address..... 136 W Washington..... Date signed 8/2/47

RECEIVED

SEP 6 1947

BUREAU V B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Dr. Wells 190

07400

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County Washington  
 City or town Funkstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 6 Years  
 Hospital, institution, or street address where death occurred:  
State Highway  
 How long in hospital or institution? --

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington  
 City or town Funkstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. State Highway  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3. (a) FULL NAME

MISS DELORES FOX

## 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife ---

7. Birth date of deceased (mo., day, yr.) September 27, 1909 6. (c) If alive, give age --- years

8. AGE: Years 37 Months 10 Days 12 If less than one day --- hrs. --- min.

9. Birthplace Hagerstown, Washington Co., Md.  
 (Town, county, and state)

10. Usual occupation House work11. Industry or business Own Home12. Name Robert L. Fox13. Birthplace Sleepy Creek W. Va.14. Maiden name Bettie Wertebaugh15. Birthplace Clearspring Md.16. Informant Mrs. Mary BrowningAddress Hagerstown Md.

17. Burial Date thereof 8/12/47  
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Rose Hill CemeteryLocation Hagerstown Md.18. Funeral director Andrew K. CoffmanAddress Hagerstown Md.

19. Aug. 11, 1947 Charles H. Bowers  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH August 9, 1947 at 10 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from --- 19 --- 19 ---and that I last saw him --- alive on --- 19 ---Immediate cause of death --- DURATION ---Unknown to beDue to sent laterDue to Did in convulsion; cause not revealed by autopsy. (9/24/47-09)Other conditions ---

(Include pregnancy within 3 months of death)

Major findings of operations ---Date of op. ---Autopsy results Aug 10-47 As above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide NO Date of ---Where did injury occur? --- (City or town) (County) (State)Injured at home, farm, industry, public place (where?) ---Means of injury --- Injured at work? ---23. SIGNATURE J. Robert Wells DEPUTY MEDICAL EXAM.Address Hagerstown, Md. Date signed 8/11/47

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AUG 13 1947

BUREAU



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

157d

07401

Reg. Dist. No. 302

CERTIFICATE OF DEATH

1. PLACE OF DEATH:  
County... Washington  
City or town... Augustine Md.  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
Washington County Hospital  
How long in hospital or institution? 11 wks. 5 days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State... Penn. County... Franklin  
City or town... Mercersburg Pa.  
(If outside city or town limits, write RURAL and give nearest town)  
Street No... R.R. 1  
(If rural, give LOCATION)  
2.(a) If veteran, name war

3. (a) FULL NAME  
Mary Ann Fritz

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single  
6. (b) Name of husband or wife  
6. (c) If alive, give age... years  
7. Birth date of deceased (mo., day, yr.) July 7-1942  
8. AGE: Years 5 Months 1 Days 3 It less than one day  
hrs. min.

9. Birthplace Mercersburg, Pa.  
(Town, county, and state)

10. Usual occupation None

11. Industry or business

12. Name Charles Fritz

13. Birthplace Sybrun Pa.

14. Maiden name Elveta Shoemaker

15. Birthplace Wash. Co Md

16. Informant Charles Fritz

Address Mercersburg Pa R.R. 3

17. Amended Date thereof Aug 12-47  
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Methodist Sybrun Pa

Location

18. Funeral director W. K. Kinniger

Address Mercersburg, Penna.

Aug. 10. 1947 Shaph. Bowers  
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-10 19 47 at 2:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9-5 19 46 to 8-10 19 47

and that I last saw him alive on 8-9 19 47

Immediate cause of death malnutrition due to lack of mental development

Due to Congenital malformation of brain

Due to

Other conditions None

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. Margaret Pulliam M.D.

Address 135 N. Polina St. Hagerstown Md. D. or other

Date signed 8-10-47

MARGIN RESERVED FOR BINDING

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T

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
AUG 12 1947  
BUREAU C C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Dr. Sullivan

200

07402

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 12 hours  
 Hospital, institution, or street address where death occurred:  
Washington County Hospital  
 How long in hospital or institution? 12 Hours

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 513 Reynolds Ave  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3. (a) FULL NAME

DONNA LEE FUSS

## 3. (b) Social Security Number

None

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced Single  
 6.(b) Name of husband or wife --  
 7. Birth date of deceased (mo., day, yr.) May 7 1947  
 8. AGE: Years 3 Months 7 Days hrs. min.

9. Birthplace Hagerstown Wash. Co. Md.  
 (Town, county, and state)  
 10. Usual occupation Infant  
 11. Industry or business -----

MOTHER FATHER  
 12. Name William Alvin Fuss  
 13. Birthplace Waynesboro Pa.  
 14. Maiden name Emma Grace Bowman  
 15. Birthplace Hagerstown Md.

16. Informant William Alvin Fuss  
 Address Hagerstown Md.

17. Burial Date thereof 8/17/47  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Rest Haven Cemetery  
 Location Hagerstown Md.

18. Funeral director Andrew K. Coffman  
 Address Hagerstown Md.

19. Aug 17 19 47 Blair H. Boever  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH August 14 1947 19 al 11 P  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11 A.M. 8-14 1947 to 11 P.M. 8-14 1947  
 and that I last saw him alive on 8-14-47

Immediate cause of death Pneumonia  
 DURATION at least 24 hrs.

Other conditions None  
 (Include pregnancy within 3 months of death)  
 Major findings of operations None  
 Date of op. -----

Autopsy results Not done  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide ----- Date of -----  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE Maynard Sullivan M.D.  
 Address 135 N. Potomac St Hagerstown Md Date signed 8-15-47

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AUG 19 1947

BUREAU 8

Evidence for the change of  
age is shown on  
G 112 9/11/47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

07403 213

1. PLACE OF DEATH:

County... Washington  
City or town... Hagerstown, Maryland  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 50 years  
Hospital, institution, or street address where death occurred:  
Washington County Hospital  
How long in hospital or institution? 6 months

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State... Maryland County... Washington  
City or town... Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 37 North Potomac Street  
(If rural, give LOCATION)  
2.(a) If veteran, name war...

3.(a) FULL NAME

Clarence S. Gardner

3.(b) Social Security Number

717-07-9533

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widower  
6.(b) Name of husband or wife Bird M. Gardner  
6.(c) If alive, give age... years  
7. Birth date of deceased (mo., day, yr.) August 30, 1878  
8. AGE: Years 68 Months 11 Days 24 If less than one day... hrs. ... min.

9. Birthplace... Harrisburg, Pa.  
(Town, county, and state)  
10. Usual occupation... Retired Freight Agent  
11. Industry or business

12. Name... Lewis H. Gardner  
13. Birthplace... Not Known  
14. Maiden name... Laura E. Shelly  
15. Birthplace... Not Known

16. Informant... Clarence S. Gardner, Jr.  
Address... Hagerstown, Maryland

17. Burial Date thereof... 8-27-47  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory... Rose Hill Cemetery  
Location... Hagerstown, Maryland

18. Funeral director... C. M. Suter & Sons  
Address... Hagerstown, Maryland

19. Aug. 26, 1947 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... Aug 24 1947 at 10:20 P.M.  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-1-46 to Aug 24 47  
and that I last saw him alive on Aug 14-47  
Immediate cause of death... DURATION

Due to... Cardio-Renal Disease  
Other conditions...  
(Include pregnancy within 3 months of death)  
Major findings of operations... Date of op...

Autopsy results...  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide... Date of...  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?

23. SIGNATURE... M. D. ...  
Address... Date signed...

MARGIN RESERVED FOR BINDING

1

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In direct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 28 1947

BURFAT 58

*ditto*

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

516 X

07404

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 9 days

Hospital, institution, or street address where death occurred:

Wash. Co. HospitalHow long in hospital or institution? 9 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Rural - Belivan  
(If outside city or town limits, write RURAL and give nearest town)Street No. Middleton R. 1  
(If rural, give LOCATION)2(a) If veteran, name war none

## 3. (a) FULL NAME

Edgar Clinton Saver

## 3. (b) Social Security Number

none

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Sadie Shook Saver

7. Birth date of deceased (mo., day, yr.)

November - 8 - 1875

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

7197

hrs.

min.

9. Birthplace

near Myersville Fred. Co. Md.  
(Town, County, and state)

10. Usual occupation

Farmer

11. Industry or business

Own Farm

MOTHER FATHER

12. Name

Elias Saver

13. Birthplace

Fred. Co. Md.

14. Maiden name

Hennetta Shilbott

15. Birthplace

Germany

16. Informant

Mrs. Sadie Saver

Address

Middleton Md. R. 1

17.

Burial  
(Burial, cremation, or removal, Which?)

Date thereof

Aug. 18, 1947  
(month) (day) (year)

Cemetery or crematory

Lutheran Cemetery

Location

Middleton Md.

18. Funeral director

Address

Wm. J. Best & SonsBrownsville Md.

19.

Aug. 18, 47  
(Date rec'd by registrar)Wm. J. Best & Sons

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 15 1947, at 8 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 131946to Aug 151947

and that I last saw him alive on

Aug 151947

Immediate cause of death

coronary occlusion

DURATION

1 hour

Due to

arteriosclerosis10 yrs +

Due to

Carcinoma prostate2 yrs +

Other conditions

Carcinoma prostate

(Include pregnancy within 3 months of death)

Major findings of operations

Carcinoma prostateDate of op. May 18, 46

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. L. Houghton, M.D.

M. D. or other

Address

Hagerstown Md.Date signed Aug 15, 47

MARGIN RESERVED FOR BINDING

9-45-15M

VS-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



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AUG 20 1947

BUREAU 72



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 07405 302

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
1105 Fry Avenue  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 1105 Fry Avenue  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Mary Jane Geary

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow  
 6. (b) Name of husband or wife William E. Geary  
 5. (c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) May 14, 1872  
 8. AGE: Years 75 Months 3 Days 11 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.  
 9. Birthplace Hagerstown  
 (Town, county, and state)  
 10. Usual occupation Housework  
 11. Industry or business  
 12. Name Israel B. Sechrist  
 13. Birthplace Shrewsburg, York Co. Pa.  
 14. Maiden name Mary J. Solomon  
 15. Birthplace New Berlin, Pa.

16. Informant Mrs. Cath. Anders  
 Address Hagerstown, Maryland  
 17. Burial Date thereof 8-28-47  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Rose Hill Cemetery  
 Location Hagerstown, Maryland  
 18. Funeral director C. M. Suter & Sons  
 Address Hagerstown, Maryland

19. Aug. 26, 47 Chas. Bowers  
 (Date read by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 25 19 47 at 11 A. M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
October 13 19 43 to Aug 25 19 47  
 and that I last saw h... alive on Aug 25 19 47  
 Immediate cause of death Coronary Thrombosis  
 Due to Hypertension  
Arteriosclerosis  
 Due to  
 Other conditions  
 (Include pregnancy within 3 months of death)

Major findings of operations  
 Date of op.

Autopsy results  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide Date of  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE H. J. Porterfield M.D.  
136 W Washington M. D. or other  
 Address Date signed 8/28/47

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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AUG 28 1947

BUREAU

Porterfield

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 307

## 1. PLACE OF DEATH:

County... Washington  
 City or town... Sandy Hook  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 1 day  
 Hospital, institution or street address where death occurred  
R.F.D. #1, Knoxville, Md.  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State... Maryland County... Washington  
 City or town... Sandy Hook  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war... None

## 3. (a) FULL NAME

Billy Louis Greenwalt

## 3. (b) Social Security Number

None

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Single

## 6. (b) Name of husband or wife

## 7. Birth date of deceased (mo., day, yr.)

August 22, 1947

## 6. (c) If alive, give age \_\_\_\_\_ years

## 8. AGE:

Years

Months

Days

If less than one day

001

hrs.

min.

## 9. Birthplace

Sandy Hook, Washington, Md.  
(Town, county, and state)

## 10. Usual occupation

None

## 11. Industry or business

None

## FATHER

## 12. Name

Harry Earlin Greenwalt

## 13. Birthplace

Louisburg County, Virginia

## MOTHER

## 14. Maiden name

Marquiste B. Beeden

## 15. Birthplace

Pennsylvania

## 16. Informant

Harry E. Greenwalt

## Address

Box 167 #1, R.F.D. #1, Knoxville, Md.

## 17. (Burial, cremation, or removal. Which?)

Burial

## Date thereon

August 23, 1947  
(Month) (day) (year)

## Cemetery or crematory

Girts Cemetery

## Location

Sandy Hook, Md.

## 18. Funeral director

Melvin F. Strider

## Address

Charles Town, West Va.

## 19.

Aug 23

19

47Cornelius H. Castle  
Deputy Registrar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

August 23, 1947 at 12:30 A.M.

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 22, 1947 to Aug 22, 1947  
and that I last saw him alive on Aug 22, 1947

## Immediate cause of death

Respiratory pneumonia  
Pneumonia

## DURATION

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

## 23. SIGNATURE

W. P. Smith M.D.  
Address Baltimore, Md. Date signed 8-23-47

RECEIVED

AUG 28 1947

BUREAU 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Life greatest age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH Dr. Hornbaker 07407  
2411 N. Charles St., Baltimore 94a  
CERTIFICATE OF DEATH Reg. Dist. No. 302

1. PLACE OF DEATH:  
County Washington  
City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 30 Years  
Hospital, institution, or street address where death occurred:  
1800 Virginia Ave  
None  
How long in hospital or institution? None

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Washington  
City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 1800 Virginia Ave  
(If rural, give LOCATION)  
2.(a) If veteran, name war None

## 3. (a) FULL NAME

MRS NINA BAKER HELM

## 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
8. (b) Name of husband or wife Bruce M.  
7. Birth date of deceased (mo., day, yr.) April 4 1880  
6. (c) If alive, give age 71 years  
8. AGE: Years 67 Months 3 Days 15 it less than one day  
hrs. min.

9. Birthplace Keedysville Wash. Co. Md.  
(Town, county, and state)  
10. Usual occupation Housewife  
11. Industry or business Own Home

FATHER  
12. Name William O. Clopper  
13. Birthplace Rohrersville Md  
MOTHER  
14. Maiden name Susan Baker  
15. Birthplace Keedysville Md.

18. Informant Bruce M. Helm  
Address Hagerstown Md.

17. Burial Date thereof 8/21/47  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Rest Haven Cemetery  
Location Hagerstown Md.

18. Funeral director Andrew K. Coffman  
Address Hagerstown Md.

19. Aug. 21. 19 47 Health Board  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH August 19 1947 19 10.45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8/15 19 47 to 8/19 19 47  
and that I last saw h. et alive on 8/19 19 47

Immediate cause of death acute coronary occlusion  
DURATION 7 hours

Due to atherosclerosis of coronary arteries Indefinite - 1 year.

Due to  
Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations  
Date of op.

Autopsy results Not done  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide Date of  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?

23. SIGNATURE Dr. H. H. Hornbaker  
154 W. Washington St. D. or other  
Address Hagerstown Md. Date signed 8/20/47

RECEIVED

AUG 23 1947

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

175a

186  
07468

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County WASHINGTON  
City or town HAGERSTOWN  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? LIFE

Hospital, institution, or street address where death occurred:

WASHINGTON COUNTY HOSPITALHow long in hospital or institution? 1 HR

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County WASHINGTON

City or town MAUGANSVILLE  
(If outside city or town limits, write RURAL and give nearest town)

Street No. HAGERSTOWN, MD. R. 70 #6  
(If rural, give LOCATION)

2. (a) If veteran, name war.....

## 3. (a) FULL NAME

Henry Hostetter

## 3. (b) Social Security Number

NONE 445 P

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

SINGLE

## 6. (b) Name of husband or wife.....

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) APRIL 21, 1943

8. AGE: Years 4 Months 3 Days 17 hrs. min.

9. Birthplace HAGERSTOWN, WASH., MD  
(Town, county, and state)

## 10. Usual occupation.....

## 11. Industry or business.....

12. Name MENNO HOSTETTER13. Birthplace MAUGANSVILLE, MD.14. Maiden name CLARA EBY15. Birthplace CEARFOSS, MD.16. Informant Menno HostetterAddress Hagerstown R. 70 #617. BURIAL Date thereof 8/11/47  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory KEIFF CEMETERYLocation WASH. COUNTY, MD.18. Funeral director W. J. HormentAddress Hagerstown, Md.19. Aug. 9, 47 Registrar Chas. H. Bowers  
(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Aug/ 8/ 47 19 4:45 P EDT

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19..... to..... 19.....

and that I last saw him..... alive on..... 19.....

Immediate cause of death.....

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? Hagerstown, Md. RFD Vi

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home farm of fatherMeans of injury fell off & run over by tractor

Injured at work?

23. SIGNATURE.....

Address.....

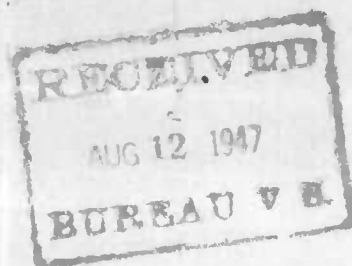
Date signed.....

DEPUTY MEDICAL EXAM. W. J. Horment

WASH. CO., MD.

M. D. or.....

Date signed Aug/8/47





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

07409

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 11 days  
 Hospital, institution, or street address where death occurred:  
Washington County Hospital  
 How long in hospital or institution? 11 days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Washington  
 City or town Dargan  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Harpers Ferry W. Va. R.D. 1  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Theodore  
Taft L. Ingram

## 3. (b) Social Security Number

220-09-7472

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife Deletta Ingram  
 7. Birth date of deceased (mo., day, yr.) Feb. 21, 1911  
 6. (c) If alive, give age 34 years  
 8. AGE: Year 36 Months 6 Days 1 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

## MEDICAL CERTIFICATION

20. DATE OF DEATH August 22, 1947 9:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19\_\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_\_,  
 and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_\_,

Immediate cause of death Uremia and Laceration of liver with peritonitis DURATION 11 days

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_  
 Autopsy results Peritonitis-Laceration of liver  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide accident Date of 8/11/1947  
 Where did injury occur? Public Road Wash. Md  
 (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) Public Road  
 Means of injury Auto Accident Injured at work? No.

23. SIGNATURE A. SW. [Signature]  
 Address [Signature] Date signed 8/27/47

9. Birthplace Dargan, Washington Co., Md.  
 (Town, county, and state)  
 10. Usual occupation Brakeman  
 11. Industry or business Baltimore & Ohio R. R.  
 12. Name George Ingram  
 13. Birthplace Williamsport, Md.  
 14. Maiden name Estella Johnson  
 15. Birthplace Washington Co., Md.  
 16. Informant Mrs. Ingram (wife)  
 Address Harpers Ferry, W. Va. R. D. 1  
 17. Burial Date thereof 8/24/1947  
 (Burial, cremation, or removal, Which?) (month) (day) (year)  
 Cemetery or crematory Samples Manor Cemetery  
 Location Samples Manor, Md.  
 18. Funeral director M. T. Strider  
 Address Charles Town, W. Va.  
 19. Aug. 27, 1947 Charl. H. Bowers  
 (Date rec'd by registrar) Registrar

RECEIVED  
AUG 29 1947  
BUREAU OF

RECEIVED  
AUG 29 1947  
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Dr. Layman

193

07410

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 3 Weeks  
 Hospital, institution, or street address where death occurred:  
824 Pope Ave.  
 How long in hospital or institution? N-

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 824 Pope Ave.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3. (a) FULL NAME

MRS REBECCA COATES KERNS

## 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Harry W. Kerns Sr.

7. Birth date of deceased (mo., day, yr.) March 7, 1886 6.(c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 61 Months 5 Days 2 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Bunker Hill, Berkley Co., W. Va.  
(Town, county, and state)10. Usual occupation House Wife11. Industry or business Own Home12. Name Abraham P. Coates13. Birthplace Bunker Hill W. Va.14. Maiden name Mary A. Jenkins15. Birthplace Winchester Va.18. Informant Harry W. Kerns Sr.Address Hagerstown Md.

17. Burial Date thereof 8/12/47  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill CemeteryLocation Hagerstown Md.18. Funeral director Andrew K. CoffmanAddress Hagerstown Md.

19. Aug. 12. 19 47 Charles Bowers  
 (Date recd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH August 9, 19 47 at 4:30 P.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 5 19 43, to Aug. 9 19 47.and that I last saw him alive on Aug. 19 47.

Immediate cause of death Arterio-sclerotic myocardial heart disease DURATION 4 yrs.

Due to Auricular fibrillation  
Cerebral embolus

Due to Nodular goiter (non-toxic)

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op. \_\_\_\_\_

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

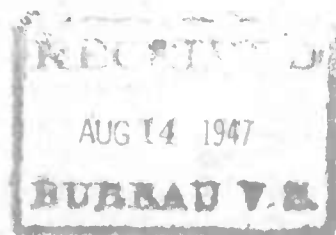
Accident, suicide, or homicide No Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE J. Robert Wells, M.D. M. D.Address Hagerstown, Md. Date signed 8/12/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

## CERTIFICATE OF DEATH

Reg. Dist. No.

07411

306

## 1. PLACE OF DEATH:

County Washington  
 City or town Near Lantz md  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 31 yrs  
 Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wash  
 City or town Near Lantz md  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. none  
 (If rural, give LOCATION)

2.(a) If veteran, name war none

## 3. (a) FULL NAME

Dora, Emma, Kuhn

## 3. (b) Social Security Number

none

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife Jennie May Kuhn  
 7. Birth date 8-18-1876 6. (c) If alive, give age 70 — years  
 deceased (mo., day, yr)  
 8. AGE: Years 70 Months 10 Days 15 If less than one day  
 — hrs. — min.

9. Birthplace Near Leaffield Fred Co md  
 (Town, county, and state)  
 10. Usual occupation Farmer

## 11. Industry or business

12. Name Benton Kuhn  
 13. Birthplace Near Leaffield Fred Co md  
 14. Maiden name Rebecca Forrest  
 15. Birthplace Fredrich Co. md

16. Informant Jennie May Kuhn  
 Address Lantz, Md

17. Burial Date thereof 8-6-1947  
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Pleasant Valley, Anneting  
 Location Pleasant Valley

18. Funeral director Geo B. Hoffer  
 Address Smithsburg md

19. Aug 5 1947 Geo W Ferguson  
 (Date reg'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 3 1947, at 11 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 3 1947 to Aug 3 1947and that I last saw him alive on Aug 3 1947Immediate cause of death Coronary thrombosis 10 yrsDue to arteriosclerosisDue to —Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations —Date of op. —Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —Where did injury occur? — (City or town) (County) (State)Injured at home, farm, industry, public place (where?) —Means of injury — Injured at work? —23. SIGNATURE G. K. O'Leary M. D.Address Smithsburg Date signed 7/4/47

RECEIVED

AUG 18 1947

BUREAU F.B.I.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No. 07412 302

## 1. PLACE OF DEATH:

County WASHINGTON  
 City or town HAGERSTOWN  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 50 YRS.  
 Hospital, institution, or street address where death occurred:  
WASHINGTON COUNTY HOSPITAL  
 How long in hospital or institution? 1 DAY

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State MARYLAND County WASHINGTON  
 City or town HAGERSTOWN  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 238 KUHN AVE.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war WORLD WAR #1

## 3. (a) FULL NAME

JESSE THOMAS

## 3. (b) Social Security Number

220-09-7104

## 4. Sex

MALE

## 5. Color or race

WHITE

## 6. (a) Single, married, widowed, or divorced

SINGLE

## 6. (b) Name of husband or wife

## 7. Birth date of deceased (mo., day, yr.)

AUGUST 7, 1894  
 8. AGE: Years 53 Months 0 Days 24 hrs. min.

## 9. Birthplace

RONOKE, RONOKE, VIRGINIA  
(Town, county, and state)

## 10. Usual occupation

CARPENTER

## 11. Industry or business

SELF EMPLOYED

## FATHER

## MOTHER

## 12. Name

## 13. Birthplace

## 14. Maiden name

## 15. Birthplace

## 16. Informant

## Address

## 17. (Burial, cremation, or removal. Which?)

## Cemetery or crematory

## Location

## 18. Funeral director

## Address

## 19. (Date rec'd by registrar)

## Registrar

JOHN K. KUHN  
MARYLAND  
MARY L. BLOOM  
HAGERSTOWN MD.  
HARRY BLOOM  
621 Salem Ave Hagerstown  
BURIAL Date thereof 9/3/47  
 (month) (day) (year)  
ROSE HILL  
HAGERSTOWN, MD.  
W. J. Norment  
Hagerstown Md  
Sept. 2, 47  
Grasshopper

## MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 31 19 47 at 230A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 11 19 47 to Aug 31 19 47  
 and that I last saw him alive on Aug 30 19 47

Immediate cause of death

Acute Hepatitis

DURATION

6 days

Due to

Due to

Other conditions

Chronic Hepatitis  
Chronic Myocarditis  
 (Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

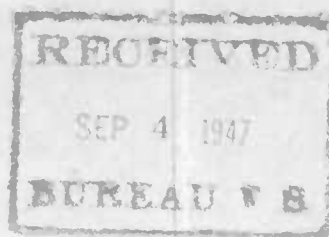
Means of injury

Injured at work?

23. SIGNATURE

Physician  
590 W. Washington  
 Address Date signed 9/2/47







PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

302

## 1. PLACE OF DEATH:

County..... Washington  
 City or town..... Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 57 years  
 Hospital, institution, or street address where death occurred:  
Washington County Hospital  
 How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State..... Maryland County..... Washington  
 City or town..... Hagerstown, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 329 N. Locust Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

HARRY E. MALOY

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Nora Maloy  
 7. Birth date of deceased (mo., day, yr.) Sept. 24, 1890  
 6.(c) If alive, give age..... years

8. AGE: Years 57 Months 11 Days 1 If less than one day  
 hrs. min.

9. Birthplace..... Franklin Co., Pa.  
 (Town, county, and state)

10. Usual occupation..... Roofer

11. Industry or business.....

MOTHER FATHER  
 12. Name..... Calvin Maloy  
 13. Birthplace..... Franklin Co., Pa.  
 14. Maiden name..... Frances Gossard  
 15. Birthplace..... Franklin Co., Pa.

18. Informant..... Mrs. Charles Householder  
 Address..... 329 N. Locust St. Hagerstown, Md.

17. Burial Date thereof..... Aug. 28-47  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory..... Rose Hill Cemetery  
 Location..... Hagerstown, Md.

18. Funeral director..... Fred W. Kraiss  
 Address..... Hagerstown, Md.

19. Aug. 28, 47 to Charles Householder  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 25, 1947 19..... at..... P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 25, 1947 to August 25, 1947  
 and that I last saw him alive on August 25, 1947

Immediate cause of death..... Acute Dilatation of Heart - Shock -  
 Due to..... Acute Dilatation of Heart - Shock -  
 Due to..... Acute Dilatation of Heart - Shock -  
 Other conditions..... Not Treated -

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of.....  
 Where did injury occur?..... (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury..... Injured at work?

23. SIGNATURE..... Charles Householder  
 Address..... Hagerstown Md. Date signed..... 8/25/47

RECEIVED  
AUG 30 1947  
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

121

07414

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County WASHINGTON  
City or town HAGERSTOWN  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 1 WEEK  
Hospital, institution, or street address where death occurred:  
WASHINGTON COUNTY HOSPITAL  
How long in hospital or institution? 1 WEEK

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State MARYLAND County WASHINGTON  
City or town MAUGANSVILLE  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. \_\_\_\_\_  
(If rural, give LOCATION)  
2. (a) If veteran, name war NON - VET

3. (a) FULL NAME

JACOB S. MARTIN

3. (b) Social Security Number

NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, married, widowed, or divorced SINGLE

6. (b) Name of husband or wife \_\_\_\_\_

7. Birth date of deceased (mo., day, yr.) MAY 28, 1896

8. AGE: Years 51 Months 2 Days 24 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace LEITERSBURG, WASH., MD.  
(Town, county, and state)

10. Usual occupation FARMER

11. Industry or business

12. Name DANIEL W. MARTIN

13. Birthplace WASHINGTON COUNTY, MD.

14. Maiden name REBECCA SHANK

15. Birthplace GREENCASTLE, PA.

16. Informant LeRoy S. Martin

Address Maugansville, Md.

17. BURIAL Date thereof 8/24/47  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Riff Cemetery

Location Washington Co. Road

18. Funeral director W. J. Hornum

Address Hagerstown Md.

19. Aug 15, 47 Registrar Chas. B. Howard  
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 22, 1947 at 11:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 15, 1947 to Aug 22, 1947 and that I last saw him alive on Aug 21, 47

Immediate cause of death \_\_\_\_\_

Due to Appendicitis 7 days  
Ch. Myocarditis 3 yrs  
Intestinal obstruction

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results as stated above  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE DW Lutz M. D. or other \_\_\_\_\_  
Address Hagerstown Md. Date signed 8/15/47

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
AUG 26 1947  
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

193

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

07415

197

## 1. PLACE OF DEATH:

County Washington  
 City or town Rural Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
Unknown  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred:  
Antietam Creek  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 506 N. Mulberry St.  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war

## 3. (a) FULL NAME

Talpherd Harne Mc.Dowell

## 3. (b) Social Security Number

219-05-2471

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Single

## 6. (b) Name of husband or wife

6. (c) If alive, give age years

## 7. Birth date of deceased (mo., day, yr.)

August 29, 1919

## 8. AGE:

Years

Months

Days

If less than one day

271124

hrs.

min.

## 9. Birthplace

Funkstown Wash. Md.

(Town, county, and state)

## 10. Usual occupation

Section Crew

## 11. Industry or business

W.M.R. RoadFATHER  
MOTHER

## 12. Name

John J. Mc.Dowell

## 13. Birthplace

Phila. Pa.

## 14. Maiden name

Rae C. Harne

## 15. Birthplace

Funkstown Md.

## 16. Informant

Mrs. Rae H. Troye

## Address

Hagerstown Md.

## 17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 8-16-47  
(month) (day) (year)

## Cemetery or crematory

Funkstown

## Location

Funkstown Md.

## 18. Funeral director

Scott F. Minnich & Son

## Address

Hagerstown Md.

## 19.

Aug 15 1947  
(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION EDT

20. DATE OF DEATH August 13, 1947 at 5:50 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19... to 19... and that I last saw him alive on 19...

Immediate cause of death

DURATION

Suffocation by drowning

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 8/13/47Where did injury occur? Near Hagerstown Wash. Md.  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) Antietam CreekMeans of injury Drowned Injured at work? No

23. SIGNATURE

DEPUTY MEDICAL EXAMINER

WASH. CO., D.C.

M. D. or M.P.

Address Hagerstown, Md. Date signed 8-14-47

RECEIVED  
AUG 18 1947  
BUREAU # 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

07416

## CERTIFICATE OF DEATH

Reg. Dist. No. 306

## 1. PLACE OF DEATH:

County.....*Washington*  
 City or town.....*Highfield*  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?.....*Entire life*  
 Hospital, Institution, or street address where death occurred.....

How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State.....*Ind* County.....*Washington*  
 City or town.....*Highfield*  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (a) FULL NAME

*Gleen Thomas McLaughlin*

## 3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

*Male* *White* *Single*

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) *March 31 1914*

8. AGE: Years Months Days If less than one day  
*33* *4* *19* ..... hrs. .... min.

9. Birthplace.....*Highfield Ind*  
 (Town, county, and state)

10. Usual occupation.....*none*

11. Industry or business.....

12. Name.....*Charles H McLaughlin*13. Birthplace.....*Fairfield Penna*14. Maiden name.....*Amanda Smith*15. Birthplace.....*Blue Ridge Summit Pa*16. Informant.....*Mrs Charles Brown*Address.....*Highfield Ind*17. *Burial* Date thereof.....*8-22-1947*

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory.....*Bethel Cemetery*Location.....*Near Cascade Ind*18. Funeral director.....*Walter Y Grove*Address.....*Waynesboro Penna*19. *Aug 23 1947* *Geo. W. Ferguson*

(Date read by registrar) (month) (day) (year) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....*8-20* 19.....*47*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
*12-10-* 19.....*32* to.....*8-20-47*  
 and that I last saw him alive on.....19.....

Immediate cause of death.....*8/19/47*Due to.....*Chronic Myocarditis*Due to.....*Chronic Myocarditis*

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....*H. C. Bridgman*

M. D. or other

Address.....*Blue Ridge Summit Pa*

Date signed.....



RECEIVED  
SEP 1 1947  
BUREAU V B



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

56  
07417  
304

## 1. PLACE OF DEATH:

City... Washington  
County... Hancock  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Passing Through  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State... Penn. County... Indiana  
City or town... Homer City  
(If outside city or town limits, write RURAL and give nearest town)  
Street No... R. D. II  
(If rural, give LOCATION)  
2. (a) If veteran, name war... World War II

## 3. (a) FULL NAME

Floyd E. Mesler

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
6. (b) Name of husband or wife Irene (Wick) Mesler  
April 5, 1909 6. (c) If alive, give age 32 years  
7. Birth date of deceased (mo., day, yr.) April 5, 1909  
8. AGE: Years 38 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Elmora, Penn.  
(Town, county, and state)  
10. Usual occupation Soldier  
11. Industry or business U. S. Army Air Corps  
12. Name B. W. Mesler  
13. Birthplace Unknown  
14. Maiden name Nottie Pittsley  
15. Birthplace Unknown

16. Informant Irene Mesler  
Address Homer City R. D. #2, Penn.  
17. Burial Date thereof Sept 2, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Grice Hill Cem.  
Location Pennsylvania, Penn.

18. Funeral director Richards & Best  
Address Hancock, Maryland  
19. 8-30-47 J. H. Heller  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

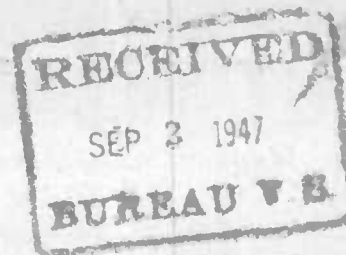
20. DATE OF DEATH Aug 29-47 19... at 11:15 PM  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 29-47 19...  
and that I last saw him dead on Aug 29-47 19...

Immediate cause of death Fractured skull DURATION 1 hr  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_  
Autopsy results \_\_\_\_\_  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide Gunshot Date of Aug 29/47  
Where did injury occur? Hancock, Indiana (City or town) (State)  
Injured at home, farm, industry, public place (where?) Highway #522  
Means of injury Motorcycle Injured at work? no

23. SIGNATURE J. W. Little  
Address Hagerstown, Md. Date signed 9/2/47



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 07418  
316

## 1. PLACE OF DEATH:

County Washington  
 City or town Keedysville Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 15 years  
 Hospital, institution, or street address where death occurred:  
Keedysville Md.  
 How long in hospital or institution? at home

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington  
 City or town Keedysville Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Keedysville Md.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3. (a) FULL NAME

Enola Isler Miller

## 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single  
 6. (b) Name of husband or wife Single  
 6. (c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) October - 5 - 1864  
 8. AGE: Years 82 Months 10 Days 26 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace New Sharpsburg Wash. Co. Md.  
(Town, county and state)10. Usual occupation None

## 11. Industry or business

12. Name Benjamin Miller  
 13. Birthplace Pennsylvania  
 14. Maiden name Matilda Ecker  
 15. Birthplace Fred. Co. Md.

16. Informant Mrs. Howard BurtnerAddress Keedysville Md. REP.17. Burial Date thereof Sept. 3, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rose Hill CemeteryLocation Hagerstown Md.18. Funeral director Wm. J. Bait & SonsAddress Boonsboro Md.19. Sept 3, 1947 Registrar Wm. J. Bait & Sons  
(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH August 31<sup>st</sup> 1947 at 11:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
August 8<sup>th</sup> 1947 to August 8<sup>th</sup> 1947  
 and that I last saw him alive on August 8<sup>th</sup> 1947

Immediate cause of death Arterio Sclerosis  
 DURATION 2 years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Wm. J. Bait & Sons M. D. or other \_\_\_\_\_Address Boonsboro Md. Date signed 9/2/47

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

SEP 4 1947

BUREAU OF

Reg. Diat. No. 302

Address: 100 V. Raymond St. Date signed: 4/29/97

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 18 1947

BUREAU 7 8

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No. 302

07420

932

## 1. PLACE OF DEATH:

County..... Washington  
 City or town..... Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... 45 years  
 Hospital, institution, or street address where death occurred:  
Washington County Hospital  
 How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Washington  
 City or town..... Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No..... Roessner Ave. Ext.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Maude B. Miner

## 3. (b) Social Security Number

None

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married

## 6. (b) Name of husband or wife

Lewis Miner

## 7. Birth date of deceased (mo., day, yr.)

Aug. 26, 1890

## 6. (c) If alive, give age..... years

## 8. AGE:

Years

Months

Days

If less than one day

5700

hrs.

min.

## 9. Birthplace

Washington Co., Md.

(Town, county, and state)

## 10. Usual occupation

Home Duties

## 11. Industry or business

## FATHER

## 12. Name

Harry Cantner

## 13. Birthplace

Franklin Co. Pa.

## MOTHER

## 14. Maiden name

Eliza Vandrew

## 15. Birthplace

Franklin Co. Pa.

## 16. Informant

Lewis MinerAddress Roessner Ave. Ext. Hagerstown, Md.

## 17.

BurialDate thereof..... Aug 28, 1948

(Burial, cremation, or removal. Which?)

## Cemetery or crematory

Rose Hill Cemetery

## Location

Hagerstown, Md.

## 18. Funeral director

Fred W. Kraiss

## Address

Hagerstown, Maryland.

## 19.

Aug. 28, 1948

(Date received by registrar)

Registrar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

Aug 25 (26) 1947 at 6<sup>40</sup> A. M.

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1 1947 to Aug 25 1947and that I last saw her alive on Aug 25 (26) 1947

## Immediate cause of death

## DURATION

Coronary Occlusion 1 Hour

## Due to

Myocarditis Chronic 3 mos

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.....

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

## Where did injury occur?

(City or town)

(County)

(State)

## Injured at home, farm, industry, public place (where?)

## Means of injury

## Injured at work?

## 23. SIGNATURE

M. D. or other

## Address

Date signed

RECEIVED

AUG 30 1947

BUREAU V. H.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

07421

## CERTIFICATE OF DEATH

Reg. Dist. No. 305

## 1. PLACE OF DEATH:

County.....Washington  
 City or town.....Tilghmanton  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?.....60 years  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State.....Maryland County.....Washington  
 City or town.....Tilghmanton  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Nannie Line Moats3. (b) Social Security Number  
None

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Married</u>
-------------------------	----------------------------------	--

6. (b) Name of husband or wife.....XX William A. Moats  
 6. (c) If alive, give age.....68 years  
 7. Birth date of deceased (mo., day, yr.).....August 9, 1877  
 8. AGE: Years 70 Months 0 Days 8 If less than one day  
 .....hrs. ....min.

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....August 17, 1947, at 3:30 P. M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
April 10 1947, to Aug 17 1947  
 and that I last saw her alive on Aug 16 1947  
 Immediate cause of death.....Cardio-Renal Vascular Disease  
 DURATION.....5 yrs.  
 Due to.....  
 Due to.....  
 Other conditions.....  
 (Include pregnancy within 3 months of death)

Major findings of operations.....  
 Date of op.....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of.....  
 Where did injury occur?..... (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?).....  
 Means of injury..... Injured at work?.....

23. SIGNATURE.....G. W. Egan M.D.  
 M.D. or other.....  
 Address.....Brownsho Date signed.....8/18/47

9. Birthplace.....Keedysville-Wash.-Maryland  
 (Town, county, and state)  
 10. Usual occupation.....Home Duties  
 11. Industry or business.....  
 12. Name.....Samuel Line  
 13. Birthplace.....Unknown  
 14. Maiden name.....Alice Palmer  
 15. Birthplace.....Unknown  
 16. Informant.....Mr. William A. Moats  
 Address.....Tilghmanton, Maryland  
 17. Burial Date thereof.....Aug. 20, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory.....Manor  
 Location.....Near-Tilghmanton  
 19. Funeral director.....R. I. Earnshaw  
 Address.....Keedysville, Maryland  
 19. Aug. 20 1947.....John H. Bost  
 (Date rec'd by registrar) Registrar

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

ALPHABETICALLY BY LAST NAME

ALPHABETICALLY BY LAST NAME

ALPHABETICALLY BY LAST NAME

RECEIVED

AUG 21 1947

BUREAU OF

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 07422 302

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 40 years  
 Hospital, institution, or street address where death occurred:  
Washington County Hospital  
 How long in hospital or institution? 2 hours

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Y.M.C.A. Hagerstown, Md.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Roy L. Moats

3. (b) Social Security Number  
220-09-7700

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife Letha I. Moats  
 7. Birth date of deceased (mo., day, yr.) Feb. 23, 1891 6. (c) If alive, give age \_\_\_\_\_ years  
 8. AGE: Years 56 Months 6 Days 3 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Tilghamanton, Maryland  
 (Town, county, and state)  
 10. Usual occupation  
 11. Industry or business

12. Name moats  
 13. Birthplace Md.  
 14. Maiden name Unknown  
 15. Birthplace

16. Informant Mrs. Lillian Handman  
 Address Hagerstown, Md.  
 17. Burial Date thereof Aug. 28, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Manor Cemetery  
 Location Tilghamanton, Md.

18. Funeral director Fred W. Kraiss  
 Address Hagerstown, Md.

19. Aug. 28, 1947 Elas H. Bowers  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH August 25 1947 at 11:25 M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 6 1947 to August 25 1947  
 and that I last saw him alive on August 25 1947  
 Immediate cause of death

Coronary occlusion  
Coronary sclerosis  
Syphilis  
 DURATION 1 hour  
 Due to  
 Due to  
 Other conditions

(Include pregnancy within 3 months of death)

Major findings at operations None Date of op.  
 Autopsy results None  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide None Date of  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE R. B. Howard MS  
Hagerstown Md M. D. or other  
 Address Date signed 8/27/47

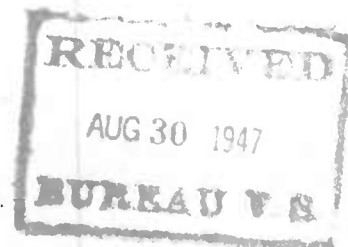
MARGIN RESERVED FOR BINDING

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9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07423

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County WashingtonCity or town Rural Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

About 10 miles west of Hagerstown on Rt. 40

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County AlleghenyCity or town Cumberland  
(If outside city or town limits, write RURAL and give nearest town)Street No. 565 Patterson Ave  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

James Alan Morris, Jr

## 3. (b) Social Security Number

None

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

June 25, 1940

8. AGE:

Years

Months

Days

If less than one day

7127

hrs.

min.

9. Birthplace Cumberland, Allegheny, Md.  
(Town, county, and state)

10. Usual occupation

child

11. Industry or business

school

MOTHER

12. Name James A. Morris, Sr.13. Birthplace Davis, W. Va.

MOTHER

14. Maiden name Jean McGee

MOTHER

15. Birthplace Cumberland, Md.16. Informant James A. Morris, Sr.Address 565 Patterson Ave, Cumberland, Md.17. Burial  
(Burial, cremation, or removal, Which?)Date thereof Aug. 25, 1947  
(month) (day) (year)Cemetery or crematory Rose Hill CemeteryLocation Cumberland, Md.18. Funeral director John J. NafarAddress Cumberland, Md.19. Aug. 25, 1947  
(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH August 22, 1947 at 5:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19....., 19.....

and that I last saw him alive on 19.....

Immediate cause of death Acute Anterior  
Bulbar Polio myelitis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Walter B. Stewart

M. D. or other

Address Cumberland, Md. Date signed 9-1-47

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly



CNO.  
COPY SENT TO LOCAL REGISTRAR No \_\_\_\_\_ DATE 9/5/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 202

## 1. PLACE OF DEATH:

County... Washington CountyCity or town... Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 178 hours

Hospital, institution, or street address where death occurred:

Washington County HospitalHow long in hospital or institution? 8 hrs.

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... WashingtonCity or town... Williamsport Maryland  
(If outside city or town limits, write RURAL and give nearest town)Street No... Greencastle Pike  
(If rural, give LOCATION)2.(a) If veteran, name war... None

## 3. (a) FULL NAME

Mr. Harry Alfred Moudy

## 3. (b) Social Security Number

219-20-4438

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married6.(b) Name of husband or wife... Estella Forsythe Moudy6.(c) If alive, give age 64 years7. Birth date of deceased (mo., day, yr.) Sept 5 1884

8. AGE: Years Months Days If less than one day

62 11 22 .....hrs. ....min.9. Birthplace... Williamsport, Maryland  
(Town, county, and state)10. Usual occupation... House Painter11. Industry or business... PaintingFATHER 12. Name... Winton Moudy13. Birthplace... Williamsport, Md.MOTHER 14. Maiden name... Elizabeth Davis15. Birthplace... Williamsport Maryland16. Informant... Estella MoudyAddress... Williamsport, Md.17. Burial Date thereof... Aug. 28 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory... Riverview CemeteryLocation... Williamsport, Maryland18. Funeral director... Edith V. LeafAddress... #7 Church St. Williamsport Md19. Aug. 26. 19 47 W. H. Brewer

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... Aug. 24 19 47, at 5:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug. 20 19 47, to Aug. 24 19 47and that I last saw him/her alive on Aug. 24 19 47Immediate cause of death... Heart failureDemerolDue to... Heart failureDue to... Heart failureOther conditions... Tuberculosis

(Include pregnancy within 3 months of death)

Major findings of operations... Heart failure

Date of op. ....

Autopsy results... Heart failure

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of... Aug. 24

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... W. H. Brewer M. D. or otherAddress... Williamsport Md Date signed Aug. 26/47

RECEIVED

AUG 28 1947

BUREAU OF



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

07424

185

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
Washington County Hospital  
 How long in hospital or institution? 1 hour

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 226 Alexander Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3.(a) FULL NAME

Enoch E. Munday

## 3.(b) Social Security Number

214-09-6166

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife Iena E. Munday  
 6.(c) If alive, give age 32 years  
 7. Birth date of deceased (mo., day, yr.) October 10, 1906  
 8. AGE: Years 40 Months 9 Days 17 If less than one day hrs. min.

9. Birthplace Hagerstown, Wash. Co. Md.  
 (Town, county, and state)  
 10. Usual occupation Dental Technician  
 11. Industry or business Hartshorne Laboratory  
 12. Name George Munday  
 13. Birthplace Washington County  
 14. Maiden name Annie Utz  
 15. Birthplace New Windsor, Maryland  
 16. Informant Mrs. Enoch E. Munday  
 Address Hagerstown, Maryland  
 17. Burial Date thereof 8-8-47  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Rose Hill Cemetery  
 Location Hagerstown, Maryland  
 18. Funeral director C. M. Suter & Sons  
 Address Hagerstown, Maryland  
 19. Aug. 8, 1947 Least H Bowers  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION EDT

20. DATE OF DEATH August 8, 1947 at 2:10 P. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19 to 19  
 and that I last saw him alive on 19

Immediate cause of death Hemorrhage & shock DURATION 2hrs  
(exsanguination)  
 Due to.....  
 Due to.....  
 Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations None  
 Date of op. ....

Autopsy results no  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:  
 Accident, suicide, or homicide Suicide Date of 8/6/47  
 Where did injury occur? Hagerstown Wash. Md.  
 (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) Med. Arts Bldg.  
 Means of injury cut left radial artery, razor blade  
 Injured at work?  
 23. SIGNATURE S. Robert Walls DEPUTY MEDICAL EXAM.  
Hagerstown WASH. CO., MD.  
 Address Hagerstown, Md. Date signed 8/2/47

RECEIVED  
AUG 11 1947  
BUREAU

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07426

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County... Washington  
 City or town... Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 6 years  
 Hospital, institution, or street address where death occurred:  
Washington County Hospital  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State... Maryland County... Washington  
 City or town... Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 645 S. Potomac St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Eugene J. O'Keefe

## 3. (b) Social Security Number

116-14-4114

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Mary S. O'Keefe

7. Birth date of deceased (mo., day, yr.) March 15, 1896  
 6. (c) If alive, give age... years

8. AGE: Years 51 Months 5 Days 15 If less than one day  
 hrs. min.

9. Birthplace... New York, New York  
(Town, county, and state)10. Usual occupation... Fire Chief Fairchild Aircraft

## 11. Industry or business

12. Name... Eugene O'Keefe13. Birthplace... Ireland14. Maiden name... Anna Bren15. Birthplace... Ireland16. Informant... Mary S. O'KeefeAddress... 645 S. Potomac St.

17. Burial Date thereof Sept. 3, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory...

Location... New York, New York18. Funeral director... Fred W. KraissAddress... Hagerstown, Md.

19. Aug. 30, 1947 Robert H. Bowers  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... Aug. 30, 1947 2:55 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Aug. 27 19 47, to Aug. 30 19 47

and that I last saw h. a. M. alive on Aug. 30 19 47

Immediate cause of death Coronary occlusion DURATION

posterior myocardial 4 days

Due to infarction

Coronary sclerosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert H. Campbell MD M. D. or otherAddress Hagerstown Md Date signed Aug 30/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
SEP 2 1947  
BUREAU VS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County..... Washington  
 City or town..... Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... Life  
 Hospital, institution, or street address where death occurred:  
427 Mechanic St.  
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State..... Maryland County..... Washington  
 City or town..... Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No..... 427 Mechanic St.  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war..... 2 nd World War

## 3. (a) FULL NAME

Robert L. Ragland

## 3. (b) Social Security Number

214/ 09/ 2744

4. Sex..... male 5. Color or race..... white 6. (a) Single, married, widowed, or divorced..... married  
 6. (b) Name of husband or wife..... Jane Ragland  
 6. (c) If alive, give age..... years  
 7. Birth date of deceased (mo., day, yr.)..... Nov. 6, 1913  
 8. AGE: Years..... 33 Months..... 8 Days..... 27 If less than one day..... hrs. .... min.

9. Birthplace..... Nelson County, Virginia  
 (Town, county, and state)  
 10. Usual occupation..... Employee of W.O.W.  
 11. Industry or business.....

FATHER 12. Name..... Peter Ragland  
 13. Birthplace..... Virginia  
 MOTHER 14. Maiden name..... Mattie Vie.  
 15. Birthplace..... Virginia

16. Informant..... Harry Ragland  
 Address..... Hagerstown

17. Burial..... Burial Date thereof..... Aug. 5, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory..... Rose Hill Cemetery  
 Location..... Hagerstown, Md.

18. Funeral director..... Fred W. Kraiss  
 Address..... Hagerstown, Md.

19. Aug. 5, 1947 Registrar  
 (Date rec'd by registrar)

MEDICAL CERTIFICATION 2<sup>nd</sup> 3020. DATE OF DEATH..... August 2, 19 47 at P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19..... to 19.....  
 and that I last saw him..... alive on 19.....

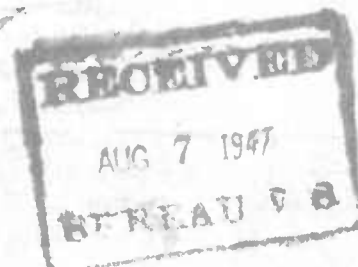
Immediate cause of death.....  
will be sent later after  
report of chemical  
analysis of organs  
 Due to.....  
 Due to..... Terminal hypostatic pneumonia;  
cause not revealed by autopsy. (9/24/47)  
 Other conditions.....  
 (Include pregnancy within 3 months of death)

Major findings of operations.....  
 Date of op. ....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of.....  
 Where did injury occur?..... (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?).....  
 Means of injury..... Injured at work?

23. SIGNATURE..... S. Robert Wells DEPUTY MEDICAL EXAM,  
 WASH. CO., MD.  
 Address..... Hagerstown, Md. Date signed..... 8/4/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

302

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
Washington County Hospital  
 How long in hospital or institution? 2 weeks

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 54 Elizabeth Street  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war

## 3. (a) FULL NAME

Ada R. Randall

## 3. (b) Social Security Number

220-26-5931

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow  
 6. (b) Name of husband or wife Charles W. Randall  
 6. (c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) August 3, 1890  
 8. AGE: Years 57 Months 0 Days 5 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Hagerstown, Wash. Co. Md.  
 (Town, county, and state)  
 10. Usual occupation Housework  
 11. Industry or business

12. Name George H. Warner  
 13. Birthplace Hagerstown, Maryland  
 14. Maiden name Anna F. Martin  
 15. Birthplace Greencastle, Pa.

16. Informant Mrs. William Hays, Jr.  
 Address Hagerstown, Maryland  
 17. Burial Date thereof 8-11-47  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Rose Hill Cemetery  
 Location Hagerstown, Maryland

18. Funeral director C. M. Suter & Sons  
 Address Hagerstown, Maryland

19. Aug 11, 1947 Registrar  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH 8 Aug 19 47 at 1:15 P  
 21. I CERTIFY that death occurred on the 8 Aug above stated; that I attended deceased from 11 July 19 47, to 8 Aug 19 47, and that I last saw him alive on 8 Aug 19 47.

Immediate cause of death Coronary thrombosis  
 DURATION 28 days

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_  
 Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE Edm H. Washburn M.D.  
 M. D. or other \_\_\_\_\_  
 Address 115 W W Belmont St Date signed 8 Aug 47

RECEIVED  
AUG 13 1947  
BUREAU 98



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

07429

## CERTIFICATE OF DEATH

Reg. Dist. No. 303

## 1. PLACE OF DEATH:

County WashingtonCity or town Big Pool  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

35 years

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Big Pool, Md.  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

John D. Riser

## 3. (b) Social Security Number

None4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife Rebecca Riser

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) Sept. 12, 18568. AGE: Years 90 Months 11 Days 6 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Wash. Co., Md.

(Town, county, and state)

10. Usual occupation B. and O. R. R. Employee  
Retired

11. Industry or business

12. Name William Riser13. Birthplace Wash. Co., Md.14. Maiden name Elizabeth Myers15. Birthplace Allegheny Co., Md.16. Informant Mrs. L. G. ReppAddress Big Pool, Md.17. Burial Aug. 20-47

(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory Shanktown CemeteryLocation Near Big Pool, Md.18. Funeral director Snyder-Rowland Funeral HomeAddress Clear Spring, Md.19. Aug 20 19 47 Joseph C. Murray Registrar  
(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 18, 1947 19 2:00 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1, 1947 to Aug 18, 1947  
and that I last saw him/her alive on Aug 17, 1947

Immediate cause of death

Chr. Myocardial Sclerosis DURATION 2 yrs.

Due to

Due to

Other conditions

Arterio Sclerosis 10 yrs.

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury

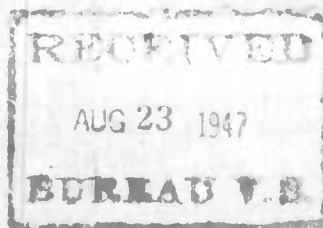
Injured at work?

23. SIGNATURE

David R. Brewer M.D.

M. D. or other

Address Clear Spring Md Date signed 8/20/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Dr. Kritzer

192

07430

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 Years

Hospital, institution, or street address where death occurred:

229 East franklin St.How long in hospital or institution? --

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 229 East franklin St.

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (a) FULL NAME

GEORGE CAMPBELL SAUM

## 3. (b) Social Security Number

None4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widower8. AGE: Years 88 Months 88 Days 6 If less than one day 28 hrs. 28 min.8. (b) Name of husband or wife S. Irene7. Birth date of deceased (mo., day, yr.) January 12 18598. AGE: Years 88 Months 88 Days 6 If less than one day 28 hrs. 28 min.9. Birthplace Maurertown Shenandoah Co. Va.

(Town, county, and state)

10. Usual occupation Mechanic11. Industry or business Retired12. Name George Saum13. Birthplace Maurertown Va.14. Maiden name No Record15. Birthplace No Record16. Informant Clarence N. SaumAddress Hagerstown Md.17. Burial Date thereof 8/12/47

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill cemeteryLocation Hagerstown Md.18. Funeral director Andrew K. CoffmanAddress Hagerstown Md.19. Aug. 12. 19 47 Charles H. Bowers

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

P

20. DATE OF DEATH August 10 1947 19 47 at 3.30 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 5 19 47 to Aug 10 19 47and that I last saw him alive on Aug 9 19 47Immediate cause of death Hypostatic Pneumonia - 5 days

## DURATION

Due to Chr. Myocarditis ?Due to Chr. Myocarditis ?

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Choked to death Injured at work?23. SIGNATURE George H. Bowers M. D. or otherAddress Hagerstown Md. Date signed 8/11/47

RECEIVED  
AUG 14 1947  
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

93d

07431

Reg. Dist. No.

302

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
Washington County Hospital  
 How long in hospital or institution? 11 hours

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 1007 Potomac Avenue  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

James McClain Schuster

## 3. (b) Social Security Number

214-09-8027

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife Madeline Dryer Schuster  
 7. Birth date of deceased (mo., day, yr.) May 4, 1889 6.(c) If alive, give age 54 years  
 8. AGE: Years 58 Months 3 Days 23 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

## MEDICAL CERTIFICATION

20. DATE OF DEATH 8 / 26 19 47 at 11:58 P.M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8 / 1 19 46 to 8 / 26 19 47  
 and that I last saw him alive on 8 / 26 19 47

## Immediate cause of death

Myocardial dilatation

## DURATION

8/27/47

## Due to

Myocarditis chr.

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

## 3. SIGNATURE

H. L. Porterfield M.D.

M. D. or other

Address 136 W Washington Date signed 8/27/47

9. Birthplace Hagerstown, Wash. Co. Md.  
 (Town, county, and state)  
 10. Usual occupation Construction Engineer  
 11. Industry or business J. B. Ferguson Co.  
 12. Name Fred. W. Schuster  
 13. Birthplace Hagerstown, Maryland  
 14. Maiden name Minnie F. Meredith  
 15. Birthplace Harrisburg, Pa.  
 16. Informant Mrs. James McC. Schuster  
 Address Hagerstown, Maryland  
 17. Burial Date thereof 8-29-47  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Rose Hill Cemetery Co.  
 Location Hagerstown, Maryland  
 18. Funeral director C. M. Suter & Sons  
 Address Hagerstown, Maryland  
 19. Aug. 28, 47 Registrar Blanch Bussard  
 (Date rec'd by registrar)

RECEIVED

AUG 30 1947

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

## CERTIFICATE OF DEATH

Dr. Ralph Young

07432

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 2 Weeks  
 Hospital, institution, or street address where death occurred:  
Washington county ospital  
 How long in hospital or institution? 2 Weeks

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington  
 City or town Sharpsburg R # 1  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Sharpsburg Pike  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3. (a) FULL NAME

MRS ALTA PALMER SMITH

## 3. (b) Social Security Number

None

4. Sex Female 5. Color or race white 6.(a) Single, married, or divorced Married  
 6.(b) Name of husband or wife Otha  
 7. Birth date of deceased (mo., day, yr.) June 21 1884  
 8. AGE: Year 63 Months 1 Days 24 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

## MEDICAL CERTIFICATION

20. DATE OF DEATH August 14 1947 19\_\_\_\_ at 5 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/14/47 to 8/14/47  
 and that I last saw him alive on 8/14/47  
 Immediate cause of death Crowning  
Obstruction

DURATION

Immediate

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE R. P. Young M. D., RegistrarAddress Williamsport, Md. Date signed 8/16/47

9. Birthplace Myersville Fred. Co., Md.  
 (Town, county, and state)  
 10. Usual occupation Housewife  
 11. Industry or business Own Home  
 12. Name Charles Palmer  
 13. Birthplace Myersville, Md.  
 14. Maiden name No Record  
 15. Birthplace No Record  
 16. Informant Otha Smith  
 Address Sharpsburg Md. R # 1  
 17. Burial Date thereof 8/17/47  
 (Burial, cremation, or removal, Which?) (month) (day) (year)  
 Cemetery or crematory Rose Hill cemetery  
 Location Hagerstown Md.  
 18. Funeral director Andrew K. Coffman  
 Address Hagerstown Md.  
 19. Aug 17 19 47 Chas. H. Bowers  
 (Date rec'd by registrar) Registrar

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AUG 19 1947

BUREAU 78



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County... Washington  
 City or town... Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 55 years  
 Hospital, institution, or street address where death occurred:  
Washington County Hospital  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State... Maryland County... Washington  
 City or town... Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 834 West Washington  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war

## 3. (a) FULL NAME

Samuel R. Smith

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Divorced  
 6. (b) Name of husband or wife  
 7. Birth date of deceased (mo., day, yr.) June 12, 1892.  
 8. AGE: Years 55 Months 1 Days 22 If less than one day  
 hrs. min.

9. Birthplace... Hagerstown, Md.  
 (Town, county, and state)  
 10. Usual occupation... Painter  
 11. Industry or business

MOTHER FATHER  
 12. Name... Samuel Smith  
 13. Birthplace... Hagerstown  
 14. Maiden name... Mary Randall  
 15. Birthplace... Hagerstown

16. Informant... Rondall Smith (Son)  
 Address... Hagerstown

17. Burial Date thereof Aug 6, 1947  
 (Burial, cremation, or removal, Which?) (month) (day) (year)  
 Cemetery or crematory... Rose Hill  
 Location... Hagerstown

18. Funeral director... Fred W. Kraiss  
 Address... Hagerstown

19. Aug. 5 19 47 Blas H. Bowers  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION 7:30

20. DATE OF DEATH... Aug 3rd 19 47 at P.M. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
 19... to 19...  
 and that I last saw him alive on 19...  
 Immediate cause of death

## DURATION

Acute coronary occlusion  
 Due to...  
Angina pectoris  
 Due to...  
 Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations... None  
 Date of op.

Autopsy results... No  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide... No Date of...  
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE S. Robert Wells M. D. WASH. CO., MD.  
 Address... Hagerstown, Md. Date signed 8/4/47

RECEIVED  
AUG 7 1947  
BUREAU P &

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? life  
 Hospital, institution, or street address where death occurred:  
Washington County Hospital  
 How long in hospital or institution? Pronounced dead on arrival

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 229 West Side Ave  
 (If rural, give LOCATION)

## 3. (a) FULL NAME

Robert Thomas Snodderly

## 3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

## 6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1942 6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 4 Months 8 Days 1 if less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Hagerstown, Maryland  
 (Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Sherman E. Snodderly13. Birthplace Leitersburg, Maryland14. Maiden name Evelyn B. Baechtel15. Birthplace Washington County, Maryland16. Informant Mr. Sherman E. SnodderlyAddress 229 West Side Ave. Hagerstown, Md

17. Burial Date thereof Aug. 29, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill CemeteryLocation Hagerstown, Maryland18. Funeral director Fred W. KraissAddress Hagerstown, Maryland

19. Aug. 29, 1947 Phyllis Bowers  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 26, 47 at 6:1 M21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Aug 26, 47 19 Aug 26-47 19and that I last saw him dead on Aug 26-47 19

Immediate cause of death

DURATION

Due to Struck by lightning 1 monthDue to in street in front of home

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of Aug 26-47Where did injury occur? Hagerstown, Md (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury lightning Injured at work?23. SIGNATURE Dr. P. W. Smith M.D. or otherAddress Hagerstown, Md Date signed Aug 27-47

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SEP 1 1947

BUREAU 78

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Dr. welty

67435

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 4 Days  
 Hospital, institution, or street address where death occurred:  
Washington County Hospital  
 How long in hospital or institution? 4 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 240 South Potomac St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3. (a) FULL NAME

MRS MARY RUTH STALEY

3. (b) Social Security Number  
None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife George  
 6.(c) If alive, give age 54 years  
 7. Birth date of deceased (mo., day, yr.) April 8 1895  
 8. AGE: Years 52 Months 3 Days 25 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Mt. Jackson Shenandoah Va.  
 (Town, county, and state)  
 10. Usual occupation Housewife  
 11. Industry or business Own Home  
 12. Name Edward L. Pomeroy  
 13. Birthplace Front Royal Va.  
 14. Maiden name Hattie F. Armentrout  
 15. Birthplace Mt. Jackson Va.

18. Informant George M. Straley  
Hagerstown Md.  
 Address

17. Burial Date thereof 8/5/47  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Rose Hill Cemetery  
 Location Hagerstown Md.

19. Funeral director Andrew K. Coffman  
Hagerstown Md.  
 Address

19. Aug. 5, 1947 Registrar Blair Bowers  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

P

20. DATE OF DEATH August 3 1947 19. at 12:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 20 19 47, to Aug. 3 19 47  
 and that I last saw her alive on August 3 19 47

Immediate cause of death hemorrhage from Esophageal Varix DURATION 3 days  
Cirrhosis of Liver 7 years

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_  
 Date of op. \_\_\_\_\_  
 Autopsy results Cirrhosis of Liver & Esophageal Varix  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work?

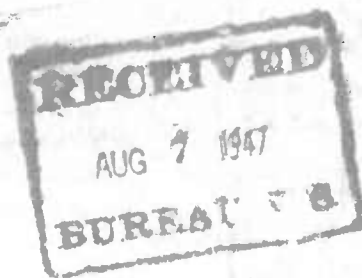
23. SIGNATURE Salmon W. Welty, M.D.  
 M. D. or other \_\_\_\_\_  
 Address 999 Potomac Ave., Hagerstown Date signed 8/4/47

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, using correct age is especially important. Physicians: please write the causes of death clearly and legibly.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

## CERTIFICATE OF DEATH

Reg. Diat. No. 302

## 1. PLACE OF DEATH:

County Washington  
 City or town Rural Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State md County Washington  
 City or town Rural Hagerstown #5  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Hagerstown #5  
 (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Lewis Benton Stephy

## 3. (b) Social Security Number

## 4. Sex

male

## 5. Color or race

white

## 6. (a) Single, married, widowed, or divorced

Single

## 6. (b) Name of husband or wife

May 21, 1866

6. (c) If alive, give age years

## 7. Birth date of

deceased (mo., day, yr.)

May 21, 1866

## 8. AGE:

Years

Months

Days

If less than one day

81210

hrs.

min.

## 9. Birthplace

Washington Co. Md.  
(Town, county, and state)

## 10. Usual occupation

Retired Farmer

## 11. Industry or business

## FATHER

## 12. Name

Solomon Stephy

## 13. Birthplace

Washington Co. Md.

## MOTHER

## 14. Maiden name

Catharine Alex

## 15. Birthplace

Chambersburg Pa.

## 16. Informant

Frank F. Stephy

## Address

Hagerstown Md. #5

## 17. (Burial, cremation, or removal, Which?)

Burial

## Date thereof

8/31/47  
(month) (day) (year)

## Cemetery or crematory

Green Hill

## Location

Hagerstown, Pa.

## 18. Funeral director

Walter G. York

## Address

272 Church St. Hagerstown, Pa.

## 19. (Date rec'd by registrar)

Aug 2, 1947

Registrar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

August 1, 1947 at 8:30 AM

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

4-3-401947 to August 1, 1947and that I last saw him alive on Aug 1, 1947

## Immediate cause of death

## DURATION

Arterio sclerosis  
(Senile)Coronary  
Disease

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

## 23. SIGNATURE

W. E. Indeman, M.D.

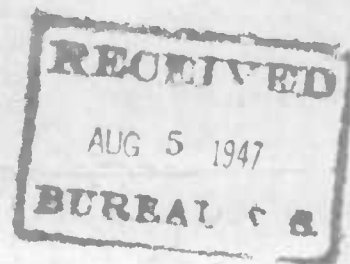
M. D. or other

Address

Wayne Ave. Pa.

Date signed

8-1-47





## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No. 302

## 1. PLACE OF DEATH:

County..... Washington  
 City or town..... Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... Life  
 Hospital, institution, or street address where death occurred:  
Washington County Hospital  
 How long in hospital or institution?..... 2 Days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Washington  
 City or town..... Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 1050 South Potomac St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

William Vernon Stouffer

## 3. (b) Social Security Number

214-09-5982

4. Sex..... Male 5. Color or race..... White 6. (a) Single, married, widowed, or divorced..... Married  
 6. (b) Name of husband or wife..... Lena L. Stouffer  
 7. Birth date of deceased (mo., day, yr.)..... Sept. 8, 1885  
 6. (c) If alive, give age..... years  
 8. AGE: Years..... 61 Months..... 11 Days..... 3 If less than one day..... hrs. .... min.

9. Birthplace..... Cavetown, Wash. Co. Md.  
 (Town, county, and state)

10. Usual occupation..... Pattern Maker, Pangborn Corp.

## 11. Industry or business

12. Name..... William H. Stouffer  
 13. Birthplace..... Newfille, Penna.  
 14. Maiden name..... Lillie V. Sigler  
 15. Birthplace..... Smithburg, Maryland

16. Informant..... Mrs. Lena L. Stouffer  
 Address..... 1050 S. Potomac St. Hagerstown, Md.

17. Burial..... Date thereof..... Aug. 14, 1947  
 (Burial, cremation, or removal, Which?) (month) (day) (year)  
 Cemetery or crematory..... Rest Haven Cemetery  
 Location..... Hagerstown, Maryland

18. Funeral director..... Fred W. Kraiss  
 Address..... Hagerstown, Maryland

19. Aug. 14, 47 Blackthorn  
 (Date recd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... Aug. 11, 1947 12 noon M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him..... 8/9 1947 to..... 8/11 1947

Immediate cause of death..... Rupture of left ventricle & thromboembolism

Due to..... acute coronary vessel disease & myocardial infarction

Due to.....

Other conditions..... Cholelithiasis

(Include pregnancy within 3 months of death)

Major findings of operations.....

Autopsy results..... As above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... John D. Houchens, Jr.

Address..... 154 W. Washington St. M. D. or other..... 8/12/47

Date signed.....

MARGIN RESERVED FOR BINDING

9-45-15M

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 18 1947

BUREAU 98

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 07438 302

## 1. PLACE OF DEATH:

County... Washington  
 City or town... Hagerstown, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
Garlock Memorial Home  
 How long in hospital or institution? 10 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State... Maryland County... Washington  
 City or town... Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 305 North Potomac Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Anna Catherine Suter

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) September 14, 1881

8. AGE: Years 65 Months 10 Days 29 If less than one day .....hrs. ....min.

9. Birthplace Hagerstown, Wash. Co. Md.  
 (Town, county, and state)

10. Usual occupation Housework11. Industry or business Own Home12. Name Charles M. Suter13. Birthplace Hagerstown, Maryland14. Maiden name Laura Witzenbacher15. Birthplace Hagerstown, Maryland16. Informant Frank S. SuterAddress Hagerstown, Maryland

17. Burial Date thereof 8-14-47  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill CemeteryLocation Hagerstown, Maryland18. Funeral director C. M. Suter & SonsAddress Hagerstown, Maryland

19. Aug. 13, 1947 Registrar  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH 8/12/47 19..... at..... M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8/5/47 19..... to 8/12/47 19.....and that I last saw her alive on 8/11/47 19.....

Immediate cause of death..... DURATION

Congestive Heart Failure 1 year

Due to.....

Due to.....

Due to.....

Other condition Hypertensive Heart Disease 2 yrs  
Diabetes Mellitus 3 yrs  
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. Young MD M. D. brotherAddress Hagerstown, Md Date signed 8/12/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
AUG 15 1947  
BUREAU P B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Dr. Bell

07439

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 35 Years  
 Hospital, institution, or street address where death occurred:  
1926 Virginia Ave.  
 How long in hospital or institution? ---

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 1926 Virginia Ave  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3.(a) FULL NAME

MRS FANNIE MAE THOMAS

3.(b) Social Security Number  
None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife Harry E. Thomas  
 7. Birth date of deceased (mo., day, yr.) May 18, 1880  
 6.(c) If alive, give age 70 years  
 8. AGE: Years 67 Months 2 Days 21 If less than one day hrs. min.

9. Birthplace Rocky Ridge, Fredrick Co., Md.  
 (Town, county, and state)  
 10. Usual occupation House Wife  
 11. Industry or business Own Home  
 12. Name Harvey Martin  
 13. Birthplace Rocky Ridge Md.  
 14. Maiden name Anne Catherine Smith  
 15. Birthplace Rocky Ridge Md.

16. Informant Harry E. Thomas  
 Address Hagerstown Md.  
 17. Burial Rest Haven Cemetery Date thereof 8/12/47  
 (Burial, cremation, or removal, Which?) (month) (day) (year)  
 Cemetery or crematory Hagerstown Md.  
 Location Hagerstown Md.  
 18. Funeral director Andrew K. Coffman  
 Address Hagerstown Md.  
 19. Aug. 11, 1947 Black H. Bowers  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH August 9, 1947 at 10A M  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 8, 1947 to Aug. 8, 1947  
 and that I last saw him alive on August 8, 1947  
 Immediate cause of death Chronic myocarditis  
 DURATION 2  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions Hemiplegia, left. years.  
 (Include pregnancy within 3 months of death)  
 Major findings of operations None  
 Date of op. \_\_\_\_\_  
 Autopsy results None  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_  
 23. SIGNATURE Dr. Bell M. D. or other \_\_\_\_\_  
 Address Hagerstown Md. Date signed 8/9/47

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AUG 13 1947

BUREAU V.R.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County WashingtonCity or town Funkstown  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 years

Hospital, institution, or street address where death occurred:

Main St.  
How long in hospital or institution? at home

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Funkstown  
(If outside city or town limits, write RURAL and give nearest town)Street No. Main Street  
(If rural, give LOCATION)2.(a) If veteran, name war World War One

## 3. (a) FULL NAME

Russell Edward Wachtell

## 3. (b) Social Security Number

219-05-0580

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married

## 6. (b) Name of husband or wife

Edith E. Stockslager

## 7. Birth date of deceased (mo., day, yr.)

August 7-1895

## 6. (c) If alive, give age..... years

## 8. AGE:

Years

Months

Days

If less than one day

52023

.....hrs.

.....min.

## 9. Birthplace

Myersville Ind. Co. Md.  
(Town, county, and state)

## 10. Usual occupation

Guard

## 11. Industry or business

Fairchild Aircraft Corp.

## 12. Name

Daniel J. Wachtell

## 13. Birthplace

Myersville Ind. Co.

## 14. Maiden name

Anna M. Wachtell

## 15. Birthplace

Myersville Ind. Co. Md.

## 16. Informant

Mrs. Edith E. Wachtell

## Address

Funkstown Md.

## 17. (Burial, cremation, or removal, Which?)

Burial

Date thereof

Sept. 3, 1947  
(month) (day) (year)

## Cemetery or crematory

Antietam National Cemetery

## Location

Sharpsburg Md.

## 18. Funeral director

Chas. J. Bost & Sons

## Address

Boonsboro Md.

## 19. (Date rec'd by registrar)

Sept. 1, 1947

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH August 30 1947 at 9:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 21 1945 to Aug 30 1947and that I last saw him alive on Aug 29 1947

Immediate cause of death

Coronary Thrombosis

## DURATION

30 min.Due to arterio-sclerotic heart disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: if death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Severy Hoversen

M. D. or other

Address Funkstown Md. Date signed 9/1/47

225

07440

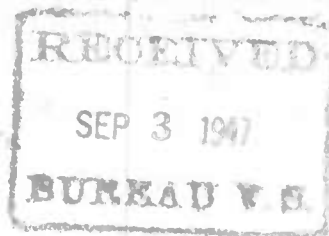
MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Hoversen





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

98

07441

## CERTIFICATE OF DEATH

Reg. Dist. No. 304

## 1. PLACE OF DEATH:

County... **Washington**  
 City or town... **Hancock, Md.**  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? **27 years**  
 Hospital, institution, or street address where death occurred:  
**Washington Street**  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... **Maryland** County... **Washington**  
 City or town... **Hancock, Md.**  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No... **Washington Street**  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

**Jacob Weaver**

## 3. (b) Social Security Number

4. Sex <b>Male</b>	5. Color or race <b>White</b>	6. (a) Single, married, widowed, or divorced <b>Widowed</b>
6. (b) Name of husband or wife... <b>Emma Weaver</b>		
7. Birth date of deceased (mo., day, yr.) <b>December 22, 1865</b>		
8. AGE: Years <b>81</b>	Months <b>7</b>	Days <b>24</b>
If less than one day hrs. min.		

9. Birthplace... **Fulton County, Pa.**  
 (Town, county, and state)  
 10. Usual occupation... **Retired Farmer**  
 11. Industry or business  
 12. Name... **John Weaver**  
 13. Birthplace... **Germany**  
 14. Maiden name... **Nancy Souders**  
 15. Birthplace... **Fulton Co., Pa.**

16. Informant... **Mrs. Raymond Ward**  
 Address... **Hancock, Md.**

17. **Burial** Date thereof... **Aug. 18-47**  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory... **Tonoloway Baptist Cemetery**  
 Location... **Near Hancock, Md.**

18. Funeral director... **Snyder-Rowland Funeral Home**  
 Address... **Hancock, Md.**

19. **8-16-47**  
 (Date rec'd by registrar) Registrar **J. A. Heller**

## MEDICAL CERTIFICATION

20. DATE OF DEATH... **August 15, 1947** at **6:05 AM**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
**June 1945** to **8-16-47**  
 and that I last saw him alive on **8-13-47**

Immediate cause of death... **Coronary Arteriosclerosis**  
 Due to...

Due to...  
 Other conditions... **Semile Debility**  
 (Include pregnancy within 3 months of death)

Major findings of operations... Date of op...

Autopsy results...  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE... **Herbert R. Johns M.D.**  
 Address... **Hancock Md** Date signed **8-16-47**

100-81-8  
100-81-8

WISCONSIN

2-10-47

RECEIVED  
AUG 20 1947  
BUREAU F B

Handwritten notes at bottom left, including "100-81-8" and "2-10-47".

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 07442 302

<b>1. PLACE OF DEATH:</b> County <u>Washington</u> City or town <u>Hagerstown, Maryland</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>50 years</u> Hospital, institution, or street address where death occurred: <u>1029 The Terrace</u> How long in hospital or institution?				<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Washington</u> City or town <u>Hagerstown</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>1029 The Terrace</u> (If rural, give LOCATION) 2. (a) If veteran, name war			
<b>3. (a) FULL NAME</b> <u>Glenn O. Wilhide</u>				<b>3. (b) Social Security Number</b> <u>705-10-5656</u>			
<b>4. Sex</b> <u>Male</u>		<b>5. Color or race</b> <u>White</u>		<b>6. (a) Single, married, widowed, or divorced</b> <u>Married</u>			
<b>6. (b) Name of husband or wife</b> <u>Rose McK. Wilhide</u>				<b>6. (c) If alive, give age</b> <u>61</u> years			
<b>7. Birth date of deceased (mo., day, yr.)</b> <u>November 17, 1884</u>				<b>MEDICAL CERTIFICATION</b>			
<b>8. AGE:</b> Years <u>62</u> Months <u>9</u> Days <u>8</u> If less than one day _____ hrs. _____ min.		<b>20. DATE OF DEATH</b> <u>Aug. 25, 1947</u> at <u>4:00</u> P.M.					
<b>9. Birthplace</b> <u>Chambersburg, Pa.</u> (Town, county, and state)				<b>21. I CERTIFY that death occurred on the date above stated: that I attended deceased from</b> <u>Oct. 21, 1946</u> to <u>Aug. 25, 1947</u> and that I last saw him alive on <u>Aug. 24, 1947</u>			
<b>10. Usual occupation</b> <u>Master Mechanic</u>				<b>Immediate cause of death</b> <u>Squamous Carcinoma of Tongue</u>			
<b>11. Industry or business</b> <u>Western Maryland R.R.</u>				<b>DURATION</b> <u>Oct. 21, 1946</u>			
<b>12. Name</b> <u>John F. Wilhide</u>		<b>13. Birthplace</b> <u>Thurmont, Maryland</u>		<b>Due to</b>			
<b>14. Maiden name</b> <u>Mollie Waltz</u>		<b>15. Birthplace</b> <u>Frederick, Maryland</u>		<b>Due to</b>			
<b>16. Informant</b> <u>Mrs. Glenn O. Wilhide</u> Address <u>Hagerstown, Maryland</u>				<b>Other conditions</b>			
<b>17. Burial</b> (Burial, cremation, or removal. Which?) Date thereof <u>8-27-47</u> (month) (day) (year) Cemetery or crematory <u>Rose Hill Cemetery</u> Location <u>Hagerstown, Maryland</u> C. M. Suter & Sons Address <u>Hagerstown, Maryland</u>				(Include pregnancy within 3 months of death) <b>Major findings of operations</b> <u>Radical Sinc Oct. 1946</u> Date of op.			
<b>18. Funeral director</b> Address				<b>Autopsy results</b> <u>none</u>			
<b>19. Aug. 26, 1947</b> (Date rec'd by registrar)				<b>PHYSICIAN: Please underline the cause to which death should be charged statistically.</b>			
<b>22. VIOLENCE: If death was due to external causes, fill in the following:</b> Accident, suicide, or homicide _____ Date of _____ Where did injury occur? _____ (City or town) _____ (County) _____ (State) Injured at home, farm, industry, public place (where?) _____ Means of injury _____ Injured at work? _____				<b>23. SIGNATURE</b> <u>W. Howard George</u> Address <u>Hagerstown, Md.</u> Date signed <u>Aug. 25, 47</u>			

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AUG 28 1947

BUREAU 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Dr. Hochlander<sup>223</sup>

07443

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 10 Months  
 Hospital, institution, or street address where death occurred:  
1102 Virginia Ave.  
 How long in hospital or institution? --

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 1102 Virginia Ave.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3. (a) FULL NAME

MRS EMMA CATHERINE WOLFE

## 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife John L. Wolfe

7. Birth date of deceased (mo., day, yr.) January 29, 1866  
 6. (c) If alive, give age -- years

8. AGE: Years 81 Months 6 Days 28 If less than one day  
 ....hrs. ....min.

9. Birthplace Myersville, Fredrick Co. Md.  
 (Town, county, and state)

10. Usual occupation House Wife11. Industry or business Own Home12. Name John L. Wolfe13. Birthplace Wolfsville Md.14. Maiden name Mary Moser15. Birthplace Myersville Md.16. Informant Chester WolfeAddress Hagerstown Md.

17. Burial Date thereof 8/30/47  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill CemeteryLocation Hagerstown Md.18. Funeral director Andrew K. CoffmanAddress Hagerstown Md.

19. Aug. 30. 19 47 Pharrell Bowers  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH August 27 19 47 at 7:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
7 Aug. 19 47 to 27 Aug. 19 47  
 and that I last saw her alive on 27 Aug. 19 47

Immediate cause of death Cerebral hemorrhage DURATION

Due to

Due to

Other conditions As represented

Heart Failure  
 (Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury injured at work?

23. SIGNATURE Edwin D. Hochlander M.D. M. D. or otherAddress Washington Md. Date signed 27 Aug.

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SEP 2 1947  
BUREAU U.S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
608 N. Prospect St.  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 608 North Prospect, St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.

## 3. (a) FULL NAME

Harry I. Young

## 3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife Cleta Young  
 7. Birth date of deceased (mo., day, yr.) Sept. 20, 1890  
 6. (c) If alive, give age ..... years  
 8. AGE: Years 56 Months 11 Days 4 If less than one day ..... hrs. .... min.

9. Birthplace Washington Co. Md.  
 (Town, county, and state)  
 10. Usual occupation Salesman  
 11. Industry or business

FATHER 12. Name William I. Young  
 13. Birthplace Welch Run, Penna.  
 MOTHER 14. Maiden name Martha Hykes  
 15. Birthplace Washington Co. Md.

16. Informant Mrs. Cleta Young  
 Address 608 N. Prospect St. Hagerstown  
 17. Burial Date thereof Aug. 27, 1947  
 (Burial, cremation, or removal, Which?) (month) (day) (year)  
 Cemetery or crematory Prices Cemetery  
 Location Waynesboro, Penna.

18. Funeral director Fred W. Kraiss  
 Address Hagerstown, Maryland.

19. Aug. 27, 1947 Registrar  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH August 24, 1947 at 11:30 P.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 20, 1947 to Aug. 24, 1947  
 and that I last saw him alive on August 24, 1947  
 Immediate cause of death

Coronary occlusion DURATION 4 days  
 Due to  
 Due to

Other conditions Hypertensive cardio-vascular disease Several years.  
 (Include pregnancy within 3 months of death)  
 Major findings of operations No operations  
 Date of op.

Autopsy results No autopsy  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

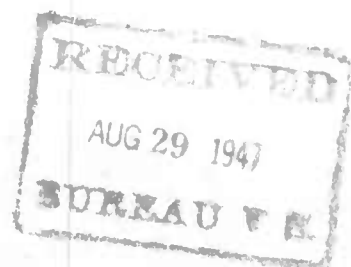
22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide ..... Date of .....  
 Where did injury occur? ..... (City or town) ..... (County) ..... (State)  
 Injured at home, farm, industry, public place (where?) .....  
 Means of injury ..... Injured at work?

23. SIGNATURE R. B. Bell M. D. or other  
 Address Hagerstown, Md. Date signed 8/27, 1947

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.





## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1310

## CERTIFICATE OF DEATH

Reg. Dist. No.

07445

302

## 1. PLACE OF DEATH:

County.....WashingtonCity or town.....Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....1 week

Hospital, institution, or street address where death occurred:

Washington County HospitalHow long in hospital or institution?.....1 week

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....Maryland County.....WashingtonCity or town.....Pectonville

(If outside city or town limits, write RURAL and give nearest town)

Street No.....Rural

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (a) FULL NAME

William Elmer Younker

## 3. (b) Social Security Number

None

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife.....Francis Younker7. Birth date of deceased (mo., day, yr.).....Feb. 27, 1866

6. (c) If alive, give age..... years

8. AGE: Years.....81 Months.....5 Days.....28 If less than one day..... hrs. .... min.9. Birthplace.....Penna.

(Town, county, and state)

10. Usual occupation.....Retired Farmer

11. Industry or business.....

FATHER 12. Name.....Isaac Younker13. Birthplace.....Penna.MOTHER 14. Maiden name.....Katherine Hull15. Birthplace.....Washington Co. Md.16. Informant.....Harry C. YounkerAddress.....Hancock, Md. R.D. # 117. Burial Date thereof.....Aug. 24, 1947

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory.....Orchard Ridge CemeteryLocation.....Near Hancock, Md.18. Funeral director.....Snyder-RowlandAddress.....Hancock, Maryland.19. Aug. 23, 47 Blair Howard

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....Aug. 20<sup>th</sup> 1947 10:50 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Aug. 19<sup>th</sup> 1947 to Aug. 20<sup>th</sup> 1947and that I last saw him alive on Aug. 20<sup>th</sup> 1947

Immediate cause of death.....

Stroke & atherosclerotic heart disease -& Corbore & pulmonary and vascular

Due to.....

Due to.....

Other conditions.....Chronic hepatitis

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....Paul J. [Signature]Address.....15 W. Washington St. Hagerstown, Md.Date signed.....8/23/47

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AUG 26 1947

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

07446

Reg. Dist. No. 003

## 1. PLACE OF DEATH:

County Washington  
 City or town Bethesda  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Six days  
 Hospital, institution, or street address where death occurred:  
Subway Crossing Home  
 How long in hospital or institution? Six days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Pa. County Franklin  
 City or town Greencastle  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 136 N. Allison St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war. ☒

## 3. (a) FULL NAME

Mineva Zimmerman

## 3. (b) Social Security Number

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed  
 6.(b) Name of husband or wife James Zimmerman 6.(c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) April 14 1869  
 8. AGE: Years 78 Months 4 Days 2 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Franklin Pa.  
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Samuel Pearl

13. Birthplace Cascade, Md.

14. Maiden name Eliza Fairbank

15. Birthplace Fulton Co Pa.

16. Informant Mrs. Milton Ferguson

Address Waynesboro B 700.4

17. Buried Date thereof 8/17/47  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Adair Hill

Location Greencastle Pa.

18. Funeral director Walter H. Grier

Address 27 S. Church St. Waynesboro, Pa.

19. Aug 17 - 47 Joseph Murray Registrar

(Date reported by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH AUGUST 16 1947 4:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from AUGUST 12 1947 to AUGUST 16 1947 and that I last saw him/her alive on AUGUST 16 1947

Immediate cause of death HEART BLOCK-Complete

Due to ATHERIOBECTROTIC HEART DISEASE

Due to

Other conditions None.

(Include pregnancy within 3 months of death)

Major findings of operations None.

Date of op. \_\_\_\_\_

Autopsy results None.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Paula Robert Cohen

Address Chesapeake Md.

Date signed 8/17/47

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AUG 23 1947  
BUREAU T.R.